. S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38398

Registration District No. 376 Primary Registration District No. 6075 Registrar's No. 227

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 8 mos. 26 das. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 74

(c) City or town: Festus
(If outside city or town limits, write "RURAL")

(d) Street No.: Unknown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: MARY MOON

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Albert Moon

6. (c) Age of husband or wife if alive: Age Unk years

7. Birth date of deceased: January (Month) 14, (Day) 1864 (Year)

8. AGE: Years 81 Months 9 Days 21 If less than one day hr. min.

9. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Frank Meassey

13. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Serafin

15. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Records State Hospital No. 4

(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem., De Soto, Mo.

18. (a) Signature of funeral director: Donnell B. Dietrich

(b) Address: De Soto, Missouri

19. (a) 11-23-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

1397 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5, year 1945 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from February 9, 1944 to November 5, 1945, that I last saw her alive on November 5, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senile Psychosis	2 yrs

Major findings:
Of operations: None
Of autopsy: No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Donnell B. Dietrich (M. D. or other)

Address: Farmington, Mo. Date signed 11/5/45

RECEIVED
District Health Officer No. 4
District File Number 1245-1448
Date Filed 12-10-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address De Soto Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.