

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946
DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41246
State File No. _____
Registrar's No. **982**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Christian**
(c) City or town **Billings**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 2**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sara Hanna Moore**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert C. Moore**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased. **February 28, 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **3**
If less than one day
hr. _____ min.

9. Birthplace. **Unknown** **West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **In Home**

MOTHER FATHER
12. Name **Samuel B. Hanna**
13. Birthplace **Unknown** **West Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name. **Melinda Sue Rogers**
15. Birthplace **Unknown** **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert C. Moore**
(b) Address **Billings, Missouri**
17. (a) Burial **(b) Date thereof** **Dec. 2, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) 12-4-45 **(b) W. H. Handy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **1,**
year **1945** hour **10:20** minute _____ P. M.
21. I hereby certify that I attended the deceased from **Nov 17**
_____ 1945 to **Dec 1** 1945
that I last saw h. **h** alive on **Dec 1** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Stomach
(Metastatic)
Duration **3 weeks?**

Due to _____
Carcinoma Right Breast **6 mos?**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ **50**
Of 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 **Reed Stogdon** (M. D. or other) _____
Address **Springfield, MO** **Date signed** **12-4-45**

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

79
2
6

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.....

Lewis G. Scharf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.