

STANDARD CERTIFICATE OF DEATH

State File No. **41678**

**FILED JAN 11 1948**

Registration District No. **5-65-2**

Primary Registration District No. **5-65-2**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Missouri**  
(b) City or town **Lackwood Rural**  
(c) Name of hospital or institution: **Greenwood**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **39 years**  
In this community **39 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade 29**  
(c) City or town **Lackwood Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **P.F. 3**  
(e) Citizen of foreign country? **1**  
If yes, name country

3. (a) PRINT FULL NAME **Laura Minerva Moots**

3. (b) If veteran, name war **1** 3. (c) Social Security No.

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **James Moots** 6. (c) Age of husband or wife if alive **44** years  
Birth date of deceased **May 9 1855**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **6** Days **9** If less than one day hr. min.

9. Birthplace **Penn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Uber**  
13. Birthplace **Holland 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Chloe Voorhes**  
15. Birthplace **Penn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Moots**  
(b) Address **Lackwood, Mo**

17. (a) **Under** (b) Date thereof **11-21-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lackwood, Mo**

18. (a) Signature of funeral director **W. Day Caldwell**

(b) Address **Lackwood, Mo**

19. (a) **1-1-48** (b) **W. S. Benson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **18** year **1945** hour **1:00** minute **P** M.

21. I hereby certify that I attended the deceased from **2** 19**44**, to **Jan 18** 19**45**  
that I last saw her alive on **Jan 18** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
**Senility**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **James W. Wren** (M. D. or other) **1-20-45**  
Address **Lackwood, Mo** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6

District File Number 146-18

Date Filed JAN 8 1946

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

*[Handwritten Signature]*  
Licensed Embalmer No. 3380

P. O. Address

*[Handwritten Address: Lockwood, 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.