

No. 2  
5-543  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 21 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **2324**

Registration District No. **50** Primary Registration District No. **51<sup>80</sup>** Registrar's No. **41**

**1. PLACE OF DEATH:**

(a) County Cambden  
 (b) City or town Decaturville Rural  
 (If outside city or town limits, write "RURAL" and name of town, etc.)  
 (c) Name of hospital or institution: Farm Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4.5 years (Specify whether years, months or days)

In this community 4.5 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cambden  
 (c) City or town Decaturville Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Farm Home (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles Moreland  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 23 year 1945 hour 9 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** Nov 1944 to 11-20 1945  
 that I last saw him alive on 11-23 1944 and that death occurred on the date and hour stated above.

**4. Sex** m **5. Color or race** w **6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Josie Lee **6. (c) Age of husband or wife if alive** 65 years  
**7. Birth date of deceased.** October 29 1865  
 (Month) (Day) (Year)

Immediate cause of death Intermittent Leukemia Duration 2 yr

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>82</u>		<u>24</u>		

Due to no  
 Due to no

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

Other conditions none  
 (Include pregnancy within 3 months of death)

**10. Usual occupation** farming

Major findings: coron 1311

**11. Industry or business** \_\_\_\_\_

**12. Name** Sanford Thornton Moreland  
**13. Birthplace** Ohio!  
 (City, town, or county) (State or foreign country)

**14. Maiden name** \_\_\_\_\_  
**15. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 Of autopsy no

**16. (a) Informant** Mrs Chas. Moreland  
**(b) Address** Decaturville, mo

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

**17. (a) Burial** (b) Date thereof Nov 25-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

**(c) Place: burial or cremation** Myrtta Cem.

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

**18. (a) Signature of funeral director** Banksen Woolery  
**(b) Address** Cambden, mo

**23. Signature** E. O. Claborn, M.D. (If of other) \_\_\_\_\_  
 Address Cambden, Mo Date signed 12-4-45

**19. (a) Dec. 5, 1945** (b) Zilpha J. Drow  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

12-45-1382  
1-16-46

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**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 Philo Benson Woolery  
Licensed Embalmer No. 2488  
P. O. Address Camden, Md

**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.**