No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2915

FILED FEB 7 1946

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Harrisburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. ---------- 0
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME Wallace Paul Moreau

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

4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Infant 1
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January (Month) 29, (Day) 1946 (Year)

8. AGE: Years | Months | Days 2 days | If less than one day -- hr. --- min.

9. Birthplace Howard Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation ---------

11. Industry or business ----------

FATHER
12. Name Wallace Leon Moreau
13. Birthplace Boone Co. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Hazel Frances Blakemore
15. Birthplace Boone Co. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Wallace L. Moreau
(b) Address Harrisburg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/46 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 2-3-46 (Date received local registrar) (b) Anna R. Tindall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1946, to Jan 31, 1946;
that I last saw him alive on Jan 31, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	—
Due to Polyhydramnios of mother	
Due to	
Other conditions Club foot (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

159

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 Wm. J. Shaw (M. D. or other) M.D.
Address Fayette, Mo. Date signed 2-3-46

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-6-46

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 Was not Embalmed., Registered Apprentice No. , working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.