No. 2
-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3576

FILED FEB 11 1946

Registration District No. FE 267 — Primary Registration District No. 3049 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot 78

(c) City or town Hayti 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nona M. Moore

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife William F. Moore

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

7. Birth date of deceased June (Month) 28, (Day) 1883 (Year)

8. AGE: Years 62 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Sikeston (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business home

FATHER
12. Name William R. Caldwell
13. Birthplace Sikeston (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Alice Hale
15. Birthplace Sikeston (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant W. F. Moore
(b) Address Hayti Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo.

19. (a) 1/24/46 (Date received local registrar) (b) Lucille Killey (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 12-16-, 1945 to 1-21-, 1946 that I last saw h ER alive on 1-21-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Cerebral Hemorrhage	
Due to Hypertension and arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 J. L. Masterson M. D. (or other)
Address Hayti Mo. Date signed 1-21-46

(Licensed Embalmer's Statement on Reverse Side)

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

1-46-33

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti Mo.

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

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