

No. 2
2-43
17-39
X35697

BUREAU OF THE CENSUS
FILED MAR 7 1946
Dr. Aldridge

STANDARD CERTIFICATE OF DEATH

State File No. **5018**

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
804 East High Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 95 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL") **4**

(d) Street No. 804 East High Street
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Virginia Moon

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 46 hour 13 minute A.

21. I hereby certify that I attended the deceased from
Feb 20 1946 to Feb 21 1946
that I last saw her alive on Feb 21 1946
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Widow **2**

6. (c) Age of husband or wife if James H. Moon alive _____ years

7. Birth date of deceased. January 12 1851
(Month) (Day) (Year)

Immediate cause of death _____

Due to Arterio sclerotic heart disease

Due to Arterio sclerosis

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

8. AGE:

Years	Months	Days	If less than one day
<u>95</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Cole County, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Samuel Farley

13. Birthplace West Va. **1**
(City, town, or county) (State or foreign country)

14. Maiden name Permella Ann Clark

15. Birthplace Ky. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Harry W. Eeles

(b) Address Jefferson City, Missouri

17. (a) Burial **(b) Date thereof** Feb-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorp & Godwin

(b) Address Jefferson City, Missouri

19. (a) 2-25-46 **(b) A. O. Harris MD**
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Mr. Aldridge (M. Doctor)
Address Jefferson City, Mo. **Date signed** 2-21-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-6-46

MAR 25 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

Joseph J. Cordan

Licensed Embalmer No. 1786

P. O. Address

Jefferson City, 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.