

No. 2
5-15-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1933
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

115391

Registration District No. 333 Primary Registration District No. 3074 State File No. _____ Registrar's No. 21

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 726 E. Gladys 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 726 E. Gladys 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGUERITE LOU MOYE
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7
year 1946 hour 8 minute 25 A. M.
21. I hereby certify that I attended the deceased from 6-5-45
_____ 19____ to _____ 19____
that I last saw her alive on 4-7 _____ 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 widowed
(b) Name of husband or wife John (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 4 1864
(Month) (Day) (Year)

Immediate cause of death Cardiac Decongestion
Due to _____
Due to Hypertensive heart disease
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
82 2 3 _____ hr. _____ min.
9. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Andreas
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Raupman
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant R.N. Jones
(b) Address 201 W. 90th St. Sikeston Mo
17. (a) Burial (b) Date thereof 4-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo
18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo
19. (a) 4-15-46 (b) Mrs. J.F. Henry
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R.D. Urban (M. D. or other) _____
Address Sikeston, Mo. Date signed 4-15-46

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

RECEIVED

District Health Office No. 2

District File Number 446-541

Date Filed 4-16-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Shelton 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.