

FILED AUG 12 1946

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home #14  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community entire life years, months or days)

3. (a) PRINT FULL NAME Laura Wells Moffitt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Moffitt 6. (c) Age of husband or wife if alive 1873 years  
7. Birth date of deceased May 17 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Schuyler Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business  
12. Name Nathan L. Lier  
13. Birthplace Schuyler Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Sanders  
15. Birthplace Schuyler Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Wells  
(b) Address Garage

17. (a) Burial (b) Date thereof July 12 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rushy Lynch

18. (a) Signature of funeral director W. H. Baskett

(b) Address Memphis Mo

19. (a) 7-24-46 (b) State Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott  
(c) City or town Memphis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1946 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 9 1946 to July 20 1946;  
that I last saw her alive on July 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration 2 days  
Due to Carcinoma of the uterus Months

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy 48

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harry B. Agnew (M. D. or other) D.O.  
Address 100 N. Wash Date signed 7-20-46  
Kirkville, Mo.

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

RECEIVED  
District Health Officer No. 711  
District File Number S-46-1473  
D-3 Filed AUG 10 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 Fred Gerth  
Licensed Embalmer No. 4256  
P. O. Address Memphis

**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.**