

No. 2  
-5-43  
-17-39  
X38671

State File No.

FILED JUL 16 1946

Registration District No. 292

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH:

(a) County RALLS

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

(c) Name of hospital or institution:  
HUNTINGTON, MO R I  
(If not in hospital or institution, write street number or location)

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

In this community 65 Yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS

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

(d) Street No. HUNTINGTON, R I  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES FRANCES MOYERS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BESSIE ELIZABETH

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JUNE 7 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>II</u>	<u>I7</u>	hr. _____ min.

9. Birthplace RALLS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name AUGUSTA E. MOYERS

13. Birthplace RALLS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA BERRY

15. Birthplace RALLS COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Moyers

(b) Address Hannibal, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-29-46  
(Month) (Day) (Year)

(c) Place: burial or cremation BRUSH CREEK, RALLS CO

18. (a) Signature of funeral director Wilson & Sons

(b) Address MONROE CITY, MO

19. (a) JUNE 1946 (Date received local registrar)

(b) C. J. WILKEY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25th  
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 20, 1946 to MAY 25, 1946  
that I last saw h.i.m. alive on MAY 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to HYPERTENSIVE HEART DISEASE

Duration  
1 WK.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Harold F. Ellis (M. D. or other) 2 D.O.

Address Monroe City, Mo Date signed 5-28-46

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

267

1000  
278

RECEIVED

District Health Officer No. 10

District File Number 7-46-1381

Date Filed JUL 15 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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lessie L. Wilson

Licensed Embalmer No. 2017

P. O. Address Monroe 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

MADE IN U.S.A. 2-73400 2091-23007