

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26055

State File No. _____

Registration District No. 358

Primary Registration District No. 4523

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Schell City
(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 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Schell City
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NOEL C. Moats
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 15
 year 1946 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 17 years
 7. Birth date of deceased: Nov. 17 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 16, 1946, to July 15, 1946;
 that I last saw him alive on July 15, 1946;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Myocardiosis
 Due to Bright's disease (chronic?)
 Due to _____

9. Birthplace Peoria Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation farmer
 11. Industry or business _____
 12. Name Tobias Moats
 13. Birthplace Do not know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lucinda
 15. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

Other conditions Hypertension 31/8 15 yrs.
(Include pregnancy within 5 months of death)

16. (a) Informant Mr + Mrs J.W. Walker
 (b) Address Schell City, Mo.
 17. (a) Burial (b) Date thereof July 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grifton, Neb.
 18. (a) Signature of funeral director State Lewis & Son
 (b) Address Schell City, Mo.
 19. (a) July 16-1946 (b) Mrs. Pearl E. Gray
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations none performed
 Of autopsy none performed

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 290
 23. Signature: M. O. Bierke (M.D. or other) P.O.
 Address: Rockville, Mo. Date signed 7/14/46

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

24901

329

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Division of Health Services No. 7,

Division File No. 6.46-226

Date Filed 7.30.46

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell 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.