

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27712
Registrar's No. 90

FILED SEP 10 1946

Registration District No. _____ Primary Registration District No. 3041

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

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Macon 3
(If outside city or town limits, write "RURAL")

(d) Street No. Vine 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Brookie Jane Moore

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1946 hour 6 minute pm

21. I hereby certify that I attended the deceased from Aug 1946, 1946, to Aug 18, 1946 that I last saw her alive on Aug 18, 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 5 1849
(Month) (Day) (Year)

Immediate cause of death: Pneumonia (Hypostatic) 13 da.

Due to ad. Chronic Myocarditis

Due to _____

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

8. AGE: Years 96 Months 11 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

Major findings: ad. Myocarditis

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER } 12. Name John Vossickler

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Raney Murphy (State or foreign country)

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Han Moore

(b) Address Macon Mo

17. (a) burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Robert Skinner

(b) Address Macon Mo

19. (a) Aug 30-46 (b) Jeth McNeely
(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 2

23. Signature Ana S. Mauck (M. D. or other) _____

Address Macon Mo Date signed Aug 1946

5
7
2

RECEIVED
District Health Officer No. 10
District File Number 9-46-1647
Date Filed SEP-7-1946

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.