

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 28025

Registration District No. 280 Primary Registration District No. 6-961 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Platte
(b) City or town rural near East Leavenworth
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town rural
(d) Street No. near East Leavenworth
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Moppin
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 16th
year 1946 hour 9 minute 30 M.
21. I hereby certify that I attended the deceased from May
5, 19 46 to Aug. 16, 19 46
that I last saw h. im alive on July 15th
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 2 1858
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Duration 2 yrs

8. AGE: Years Months Days If less than one day
88 0 14 hr. min.

Due to Arteriosclerosis
Due to Senility

9. Birthplace Nodaway Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Blacksmith

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

11. Industry or business _____

12. Name William Moppin

13. Birthplace unknown Nodaway Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nickham

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

16. (a) Informant Mrs. Grace Larison

(b) Address East Leavenworth, Mo.

17. (a) burial (b) Date thereof aug 18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Mo.

19. (a) 8-16-46 (b) Mrs. B. P. Rolling
(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) XXXX
(b) Date of occurrence XXX
(c) Where did injury occur? XXXX
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXX

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

23. Signature Lewis C. Gehring (M. D. or other) _____
Address Weston Missouri Date signed 8/16/46

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Walter R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Wester, 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.