

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1946

State File No. 30834

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution:
South 8th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. South 8th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN MOORE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 13 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Anderson

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

14. Maiden name Ira Shaw

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

16. (a) Informant Albert B. Moore

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof Sept. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Tempel

(b) Address Lexington, Mo.

19. (a) 26 Sept. 46 (b) Kenneth E. ...
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1946 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 3rd to Sept 7, 1946
that I last saw her alive on Sept 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 10 hrs

Due to Acute Myocardial Degeneration 48 hrs

Due to Coronary Thrombosis or Myocardial Infarction 48 hrs

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

Major findings: Of operations 45F
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) (e) Means of injury _____

23. Signature W. J. Beltram M.D. Date signed 9/12/46

Address Lexington Mo

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-5-46

AUG 16 1950

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 J. W. McKeon

Licensed Embalmer No. 5983

P. O. Address Leungton Ave

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.