S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32634

State File No.

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: St Vincent Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

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

(d) Street No. 310 Myrtle St. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hattie Irene Moore

3. (b) If veteran, name war

3. (c) Social Security No. 486-30-6544

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charley Moore

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. (Month) 14 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
41	11	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Calvin Asher Foster O

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

14. Maiden name Mary Coggill

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

16. (a) Informant C. Asher Foster

(b) Address Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 1946 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Blankenships

(b) Address Monett, Mo.

19. (a) 10-9-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 3, 1946 to Oct. 5, 1946 that I last saw her alive on Oct. 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Duration

Due to caused from 3rd accd

3rd degree Burns, Open

Due to 4/5 of Pelvis Body,

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) Accident

(b) Date of occurrence Oct. 3rd 1946

(c) Where did injury occur? Monett Barry Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? (e) Means of injury Burning

23. Signature R. E. Fergusson (M. D. or other) M.D.

Address Monett, Mo. Date signed 10-8-46

12 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1046-1071
Date Filed OCT 23 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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Missouri

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.