S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37440

Registration District No. FILED DEC 16, 1946

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman's (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 4 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Garnet Lillis Moore

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Mar 1

6. (b) Name of husband or wife Max L.

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June 24, 1914 (Month) (Day) (Year)

8. AGE: Years 32 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Newtonia (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mark Vowels
13. Birthplace Wyatt (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mamie Troxel
15. Birthplace Pierce City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Max L. Moore

(b) Address Seneca, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1946 (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. Biddlecome

(b) Address Seneca, Mo.

19. (a) 11-29-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 12, 1946 to Nov 27, 1946 that I last saw her alive on Nov 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia of Pregnancy	1 month
Due to	
Due to	

Other conditions one Kidney removed 8 yrs ago. (Include pregnancy within 3 months of death)

Major findings: Of operations Ceserian section — delivery normal baby —

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? (Specify type of place)

While at work? (e) Means of injury 11

23. Signature Ernest Mitchell (M. D. or other) MD

Address Joplin Mo Date signed 11-27-46

(Licensed Embalmer's Statement on Reverse Side)

46-11-1020

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. W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address. Seneca 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.