

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

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43
39
37823

State File No. _____

FILED JAN 30 1947

Registration District No. _____

Primary Registration District No. 5526

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Preston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(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 of life
years, months or days

3. (a) PRINT FULL NAME MOYGAN LIBERTY MOYGAN

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

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

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

7. Birth date of deceased Jan 1 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Thomas S. Moygan
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Alta Lightner
15. Birthplace Hickory Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Orlan Moygan
(b) Address Preston MO

17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riches Cemetery

18. (a) Signature of funeral director Walter Orlan Home

(b) Address Whitland MO

19. (a) Dec. 30-1946 (b) W.P. Burgess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43
(c) City or town Preston (Rural) 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 7
1946 to Dec 10 1946

that I last saw him alive on Dec 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Hypertension 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations GBR

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 2

23. Signature C. B. Bailey (M. D. or other) MD

Address Whitland Mo Date signed Dec 1

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851E-17-21
L.C.

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.....

William C. Mendenhall, Registered Apprentice No. *396*
working under my personal supervision.

Signed *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, W.*

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.