

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41625  
Registrar's No.

Registration District No. 278

Primary Registration District No. 2054

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

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Louisiana  
(c) Name of hospital or institution: 818 Griffin St.  
(d) Length of stay: Lifetime  
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(d) Street No. 818 Griffin St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rebecca Moxley  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 14  
year 1946 hour 4 minute 45 P.M.  
21. I hereby certify that I attended the deceased from July 1, 1946  
that I last saw her alive on Dec 13, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Moxley 6. (c) Age of husband or wife if alive 15 years  
7. Birth date of deceased February 15 1879

Immediate cause of death Peritonitis  
Due to Cancer of left breast

8. AGE: Years 67 Months 9 Days 29

Other conditions Hypertensive Arteriovascular Disease  
Major findings: Vasculor Disease  
Of autopsy 50

MOTHER FATHER

9. Birthplace Louisiana Missouri  
10. Usual occupation Housewife  
11. Industry or business Housekeeping  
12. Name William Jackson  
13. Birthplace Louisiana Missouri  
14. Maiden name Ina Campbell  
15. Birthplace West Virginia

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Chas H. Hewlitt (M. D. number)  
Address Louisiana Mo Date signed 12/7/46

16. (a) Informant Mrs. Roy Taylor  
(b) Address Peoria Illinois  
17. (a) Burial (b) Date thereof 12/17/46  
(c) Place: burial or cremation Riverview Cemetery  
18. (a) Signature of funeral director Garner & Sterne  
(b) Address Louisiana Missouri  
19. (a) 12-17-46 (b) Bernice Collier

JAN 22 1947

RECEIVED  
District Health Officer No.  
District File Number 1-47-36  
Date filed JAN - 7 1947

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 Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.