

No. 2
-1/47
5-17-39

Registration District No. 137
FILED APR 7 1947

Primary Registration District No. 3029

2
1/2

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

1. PLACE OF DEATH:

(a) County: Henry

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

(c) Name of hospital or institution: Brown Mfg Co 202 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Deepwater 8
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: JACOB SAMUEL MOYER

3. (b) If veteran, name war: no

3. (c) Social Security No: 493-30-4105

4. Sex: male 5. Color or race: white

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: aug 8 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace: Henry Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired mail carrier

11. Industry or business: _____

MOTHER FATHER { 12. Name: John Moyer 9

13. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth K. Bready 9

15. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Blaine Combs 1

(b) Address: Calhoun mo

17. (a) Burial (b) Date thereof: 4-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Busalus & Co

(b) Address: Clinton mo

19. (a) 4-4-47 (b) R.B. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1947 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dead on arrival
that I last saw the deceased alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to death immediate

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations: 4/1

Of autopsy: 1/5

Underline the cause of 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: 4/2/47

(c) Where did injury occur? Clinton Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, or industrial place, in public place? Industrial place (Brown Mfg Co)
(Specify type of place)

While at work? yes (e) Means of injury: fire

23. Signature: R.S. Halligsworth coroner M.D.

Address: Clinton mo Date signed: 4/7/47

120

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MAY 19 1947

JAN 16 1948

RECEIVED
District Health Officer No. 7,
3-47-873
District file Number 1-7-47
Date Filed

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton ms

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.