

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14786
Registrar's No. 126

Registration District No. 316

Primary Registration District No. 6075

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos. 22 das.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SUSAN MOSER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis Moser
6. (c) Age of husband or wife if alive Widowed years
7. Birth date of deceased October 4, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 22
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Frederick Wittmore

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

14. Maiden name Christina Musbach

15. Birthplace Reading, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cem., Cape Girardeau, Mo.

18. (a) Signature of funeral director Walther Funeral Home
(b) Address Cape Girardeau, Mo.

19. (a) 4-19-47 (b) Ether Rudloff
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1947 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 6, 1946, 19 , to March 26, 1947, 19 ;
that I last saw her alive on March 26, 1947, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Rheumatism

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: 9/3/47
Of operations
Of autopsy No 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
23. Signature George H. Reavis (M. D. or other) M.D.
Address Farmington Mo. Date signed 4/2/47

RECEIVED

District Health Officer No. 4
District File Number 447-594
Date Filed 4-29-47

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.....

Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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..