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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30447

FILED SEP 22 1947

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1098

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 56 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: No. 309 Robidoux St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ella Moore
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: Married
6. (b) Name of husband or wife: Richard Moore
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: May (Month) 30 (Day) 1864 (Year)
8. AGE: Years 83 | Months 3 | Days 11 | If less than one day: hr. min.
9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home.
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Richard Moore
(b) Address: 309 Robidoux St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 9-13-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11 year 1947 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from September 3, 1947 to September 11, 1947; that I last saw her alive on September 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Emboli	4 to 5 hrs.
Due to: Fracture, femur, left	10 days
Due to: Hypertensive Cardio Vascular Disease	
Due to: Chronic Myocarditis	
Other conditions: Arteriosclerosis Generalis (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations: 1668
Of autopsy: Pulmonary Emboli

PHYSICIAN — 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: 9-2-47
(c) Where did injury occur? St. Joseph (City or town) Buch (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home - fell out of bed (Specify type of place)
While at work? (c) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.
Address: Social Welfare Board, St. Joseph, Mo. Date signed: 9-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.