

No. 2
-3-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30585**

Registration District No. **47**

Primary Registration District No. **5166**

Registrar's No. **313**

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Auxvasse, Mo Jackson
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Auxvasse Mo.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Daisy Della Moore

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 14, 1947, to Sept 2, 1947, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w.

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 26 1895
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

Due to _____

8. AGE: Years 62 Months 7 Days 6 If less than one day hr. min.

Due to _____

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

9. Birthplace Toleta Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations 1110

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name H. S. Kemp

13. Birthplace D. X.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Ross

15. Birthplace D. X.
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Wise

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof Sept 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unity

18. (a) Signature of funeral director Hughes Mampin

(b) Address Auxvasse, Mo.

19. (a) 9-6-1947 (b) Josie Morauksky
(Date received local registrar) (Registrar's signature)

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 _____

Signature A. B. Nichols (M. D. or other)

Address Auxvasse Mo Date signed 9-7-47

(Licensed Embalmer's Statement on Reverse Side)

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

4
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 17 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..... *Hughes Maukin*.....
Licensed Embalmer No..... *2358*.....
P. O. Address..... *Auxvasse, 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.