

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32245**  
Registrar's No. **314**

Registration District No. **316** Primary Registration District No. **3061**

1. PLACE OF DEATH:

(a) County **St. Francis**  
(b) City or town **Flat River mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **years** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **MARY Louise Moyer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife \_\_\_\_\_

7. Birth date of deceased **July 25 1879**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **White Pine, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Moyer**

13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Baker**  
(State or foreign country)

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

16. (a) Informant **Alice Moyer**  
(b) Address **Flat River mo**

17. (a) **Burial** (b) Date thereof **9-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview**  
18. (a) Signature of funeral director **Baldwell Bro**  
(b) Address **Flat River mo**

19. (a) **9-18-47** (b) **Esther Redloff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francis**  
(c) City or town **Flat River mo**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **31**  
year **1947** hour **6** minute **40 P** M.  
21. I hereby certify that I attended the deceased from **Aug 21**  
19**47** to **Aug 30** 19**47**  
that I last saw her alive on **Aug 31** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **30 hrs**  
Due to **hypertension** **yes**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **g3**  
Of 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 **JW Zuppano** (M.D. or other) **2**  
Address **Flat River mo** Date signed **9/10/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 947-12

9-22-47

WALTER W. BALDWIN

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River m

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.