

FILED DEC 3 1947
Registration District No. 340

Primary Registration District No. 4503

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Rural
(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 Andrew Franklin Mooney
3. (b) If veteran, name war No 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 9 minute 15 A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorie Ann Mooney
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 23 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 6 1947 only, 1947
that I last saw him alive on Nov. 6 1947
and that death occurred on the date and hour stated above,
Immediate cause of death Pneumonia 3 days

8. AGE: Years 67 Months 8 Days 14
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Decatur Co. Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

11. Industry or business _____
12. Name Abraham Mooney
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)
16. (a) Informant Howard Mooney
(b) Address West Memphis, ARK.
17. (a) BURIAL (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cem
18. (a) Signature of funeral director Robert G. Drum
(b) Address Bernie, Mo
19. (a) Nov. 21, 1947 (b) Lottie Jeffery
(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 2
23. Signature F. O. Kelley (M.D. or other)
Address Bernie, Mo Date signed 11.12.47

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

ADDITIONAL INFORMATION REQUIRED

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

RECEIVED

District Health Office No. 2,

District File Number 1247-1514

Date 12-1-47

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 J. S. Schuman
Licensed Embalmer No. 4086
P. O. Address Malden

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.

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1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Berme
(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 _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Andrew J. Mooney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jul 22 1908
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Lobar Pneumonia
Duration _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
108
PHYSICIAN _____

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) _____ (c) Means of injury _____
23. Signature F. O. Kelly, D.O. (M.D. or other)
Date signed 12-12-47

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

SUPPLEMENTARY

40057

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