S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42595

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 426

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 N. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 506 N. Wash 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe P. MOFFITT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race N
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sallie Moffitt
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 12 (Day) 1861 (Year)

8. AGE: Years 86 Months 11 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Police Officer
11. Industry or business City of Sedalia
FATHER
12. Name Sidney Moffitt 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Chessy Moffitt
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Thomas Moffitt
(b) Address 506 N. Wash Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood Cemetery
18. (a) Signature of funeral director T. D. Kerguson
(b) Address Sedalia, Mo
19. (a) 12-17-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th
year 1947 hour Six minute P. M.
21. I hereby certify that I attended the deceased from July 30, 1945, to Dec 14, 1947
that I last saw h. 1 M. alive on Dec 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to Chronic Interstitial Nephritis	
Due to Avitis	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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? —
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. R. Maddox (M. D. ~~or other~~) M.D.
Address 116½ W. Main Sedalia, Mo. Date signed 12-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-2-48

AUG 25 1955

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.