. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44199

FILED FEB 4 1948

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Roper Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22

(c) City or town Ozark Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Wm E. Moon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of ~~husband~~ or wife Vada Moon

6. (c) Age of ~~husband~~ or wife if alive 67 years

7. Birth date of deceased June (Month) 11" (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	28	hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State ~~or foreign country~~)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Light Moon 9
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Scarlock
15. Birthplace Don't Know 9
(City, town, or county) (State ~~or foreign country~~)

16. (a) Informant Mrs Vada Moon

(b) Address Ozark Mo. Rural

17. (a) Burial (b) Date thereof Dec. 11-47
(Burial, ~~cremation or removal~~) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mound Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Dec. 15-1947 (b) Laretta M. Leonard 54
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9"
year 1947 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 16, 1947, to 9 Dec, 1947;
that I last saw him alive on 9 Dec, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aplastic anemia due to	4 wks.
Due to sulfadiazine &/or syphilis	unknown
Due to	
Other conditions Syphilis (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations 30
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 S. S. Roper (M. D. or other) MD

Address Ozark Mo Date signed 10 Dec 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-173
Date Filed JAN 31 1948

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 T. B. Chaffin

Licensed Embalmer No. 2142

P. O. Address Ozark, 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.