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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20421

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 81

1. PLACE OF DEATH:

(a) County PULASKI

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

(c) Name of hospital or institution:
WAYNESVILLE GENERAL HOSP.
(If not in hospital or institution, write street number or location)

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

In this community 70 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PHELPS

(c) City or town ARLINGTON
(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 _____

3. (a) PRINT FULL NAME MOORE, AMISE E.

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 W

6. (b) Name of husband or wife CLAUDE MOORE

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

7. Birth date of deceased Oct. 9 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>18</u>	<u>1/2 hr. - min.</u>

9. Birthplace MARY'S COUNTY MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name ANDY CRAIN

13. Birthplace Rolla MO 0
(City, town, or county) (State or foreign country)

14. Maiden name MRS. JOHN

15. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

16. (a) Informant FRANCIS HANCE

(b) Address 5307 N. BROADWAY, ST. LOUIS MO

17. (a) Burial (b) Date thereof June 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodall Mo.

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) 7-7-48 (b) J. Helma C. Buckner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27
year 1948 hour 12 29 minute A M.

21. I hereby certify that I attended the deceased from Nov 1
_____, 1947, to June 27, 1948.

that I last saw h. al alive on June 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of vulva - metastasis to lymphatics of groin, axilla

Due to and chest

Duration 1 yr

Due to _____

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

Major findings: Of operations _____

Of autopsy H&D

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Fain (M. D. or other) M.D.

Address Rolla Mo Date signed 6-28-48

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 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..... *Lee Johnson*.....
Licensed Embalmer No..... *3392*.....

P. O. Address..... *Newburg 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.