

FILED JUL 13 1948

Registration District No. 330

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21874

State File No. _____

Primary Registration District No. 11-4-4435

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County SCOTT
 (b) City or town FORNIFELT MO.
 (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 _____
 In this community 8 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County SCOTT
 (c) City or town FORNIFELT 100
 (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 EVA MOYERS
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3
 year 1948 hour 14 minute A.M.
 21. I hereby certify that I attended the deceased from Feb. 15, 1948 to July 3, 1948
 that I last saw her alive on July 1, 1948
 and that death occurred on the date and hour stated above.

4. FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JAMES MOYERS
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased MARCH 28 1891
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
 Duration _____

8. AGE: Years 57 Months 3 Days 5
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Pemiscott County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE POPE

12. Name UNKNOWN POPE

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

14. Maiden name UNKNOWN 9

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

16. (a) Informant James A Moyer

(b) Address Fornifelt Mo.

17. (a) BURIAL (b) Date thereof JULY 6 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GLEDON CEMETERY

18. (a) Signature of funeral director William J. Moyer
 (b) Address Illmo, Mo.

19. (a) J. L. Moyer (b) J. L. Moyer
 (Data received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
 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 _____
 23. Signature J. L. Moyer (M. D. or other) h.n.t.
 Address Illmo Mo Date signed 7-6-48

MOTHER, FATHER

RECEIVED
District Health Office
District File Number 788-
Date Filed 7-12

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.