DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25441

Primary Registration District No. 5079 5096

Registrar's No. 82

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Ballard (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: At home (Specify whether)
In this community: 54 yrs in Cass Co. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass 19
(c) City or town: Harrisonville 1 (If outside city or town limits, write "RURAL")
(d) Street No.: ✓ 0 (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Martha Elizabeth Moore
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife: Deceased 1918
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: March (Month) 5 (Day), 1869 (Year)

8. AGE: Years 79 Months 5 Days 26 If less than one day hr. min.

9. Birthplace: Stone Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Isaac Smith
13. Birthplace: (City, town, or county) Mo (State or foreign country) 0
14. Maiden name: Elizabeth Jackson
15. Birthplace: (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Mattie Maddux
(b) Address: Butler Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Orient Cemetery
18. (a) Signature of funeral director: Atkinson & Son
(b) Address: Harrisonville Mo
19. (a) 9-7-1948 (Date received local registrar) (b) Kendall Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1948 hour 12 minute 20 A.
21. I hereby certify that I attended the deceased from Aug 26, 1948, to Aug 28, 1948, that I last saw her alive on Aug 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia Secondary	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 0
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:
23. Signature: D. L. Colson (M. D. or other) DO
Address: Adrian, Mo Date signed 8-31-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-48-10
Date Filed 9-13-48

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 Floyd Atkinson

Licensed Embalmer No. 3900

P. O. Address Atkinson Wells

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

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