. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25896

Registration District No. 187 Primary Registration District No. 5422 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett - Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile North of Kennett
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Ellen Moore
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Dave Moore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September - 3 - 1866 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Greenway (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Jim Byrd
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Kathryn Haggard
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Harold Moore
(b) Address Kennett - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo.
19. (a) 9-2-1948 (Date received local registrar) (b) Cal Husband (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1948 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 27, 1948 that I last saw her alive on Aug. 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic Heart Disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

PHYSICIAN
Underline the cause of 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 George Q. Dunnum (M. D. or other) M.D.
Address Kennett Mo. Date signed 9/2/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1117
Date Filed 9-2-48

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 Helen F. Mayberry
Licensed Embalmer No. 4457
P. O. Address Kennett,

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.