o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32685

Registration District No. 131 Primary Registration District No. 5471 Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town WASHINGTON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 69-1-17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GRUNDY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. WASHINGTON TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA MAUD MOORE
3. (b) If veteran, name war /
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRED MOORE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 26 (Day) 1879 (Year)

8. AGE: Years 69 Months 1 Days 17 If less than one day hr. min.

9. Birthplace MERCER CO (City, town, or county) MO (State or foreign country)
10. Usual occupation FARM WIFE
11. Industry or business
MOTHER FATHER
12. Name JOHN W. THOG MARTIN
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name MALISA KELSO
15. Birthplace MO (City, town, or county) (State or foreign country)
16. (a) Informant FRED MOORE
(b) Address SPICKARD MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-15-1948 (Month) (Day) (Year)
(c) Place: burial or crematory NIC CEM. SPICKARD MO.
18. (a) Signature of funeral director SCHOOLER FUNERAL HOME
(b) Address SPICKARD MO
19. (a) Oct 18, 1948 (Date received local registrar) (b) Mrs Nathan Cooper (Registrar's signature) 114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 13 year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1948, to Oct 13, 1948, that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	3 mo
Organic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 E W Gunning (M. D. or other)
Address Spickard Mo Date signed 10/14/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.