

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37737
Registrar's No. 26

Registration District No. 299

Primary Registration District No. 6026

1. PLACE OF DEATH:

(a) County REYNOLDS
(b) City or town RURAL GARROLD TWP.
(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 _____ (Specify whether)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR BUNKER, MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILTON M. MOFFITT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4
year 1948 hour 11:45 minute A.M.
21. I hereby certify that I attended the deceased from 7-9-48
_____, 19____, to 11-4-48, 19____;
that I last saw him alive on 11-4-48, 19____;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced S U
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

Immediate cause of death General Infirmities of Age
Due to _____

7. Birth date of deceased JULY 4 1877
(Month) (Day) (Year)

Due to _____

8. AGE: Years Months Days If less than one day
71 4 0 hr. _____ min. _____

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

9. Birthplace DEAR CO. MISSOURI
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation FARMER

11. Industry or business _____
12. Name NO RECORD
13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Terrie
(b) Address BUNKER, MO.

17. (a) BURIAL (b) Date thereof 11/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUNKER, MO.

18. (a) Signature of funeral director W. K. Spencer
(b) Address SALEM, MISSOURI

19. (a) 11/17/48 (b) E. M. [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature L. L. Henson (M. D.)
Address BUNKER, MISSOURI Date signed 11/5/48

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

70
0
0

RECEIVED 11-20-48
District Health Officer No. 3,
District Health Number 1148719
11-20-48

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 Wm. W. McDonald
Licensed Embalmer No. 3806
P. O. Address SALEM, 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.