

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26586

Registration District No. 4021

Primary Registration District No. 4021

Registrar's No.

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Ladonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDA ELIZABETH MOORE

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex female 5. Color, or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife David Moore 6. (c) Age of husband or wife if alive 28-1860
7. Birth date of deceased April 28-1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business Home

12. Name James Hedrick

13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

14. Maiden name Obigan Roet (City, town, or county) (State or foreign country)

15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Boyd

(b) Address Ladonia Mo

17. (a) Burial (b) Date thereof Aug 26-1942 (Month) (Day) (Year)

(c) Place: burial or cremation moore cemetery

18. (a) Signature of funeral director H. G. Granger

(b) Address Ladonia Mo

19. (a) 8-24-42 (b) G. W. Watkins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Ladonia (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th. year 1942 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from July, 1939 19 to Aug 24-1942 19

that I last saw him alive on Aug, 24-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to Arthritis 18-M

Due to

Other conditions T.B. of lungs (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 W. K. McCall (M. D. or other)

Address Ladonia Mo Date signed 8-25-42

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

4090

1080

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1942

RECEIVED

District Health Officer No. 16

District File Number 9-42-1686

Date Filed SEP - 8 1942

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.....

H. G. Granger

Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. G. Granger

Licensed Embalmer No. 1297

P. O. Address *Ladonia 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.