

38318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 17 1942

Registration District No. 33-2381 Primary Registration District No. 6122 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Browning Pleasant Hill
(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
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME America 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 widowed
6. (b) Name of husband or wife Austin Moore 6. (c) Age of husband or wife if alive deaf years
7. Birth date of deceased November 4, 1850 (Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 13 If less than one day min.

9. Birthplace Lee County, Iowa (City, town or county) (State or foreign country)

10. Usual occupation at home on farm

11. Industry or business

12. Name Armstrong Cassette

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

14. Maiden name Auth Ann Trubbs

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

16. (a) Informant Mrs. Wm. Barclay

(b) Address Browning Mo.

17. (a) Burial (b) Date thereof Oct 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Wt. Fox Cem. East Mo.

18. (a) Signature of funeral director (b) Address Wilcox Mo. (Frank)

19. (a) Nov 2, 1942 (b) Mrs. J. D. Green (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Browning Pleasant Hill (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 Oct day 17 year 1942 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 1940 to Oct 17 1942 that I last saw her alive on October 12 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions Libroid uterus (Include pregnancy within 3 months of death)

Findings: Hypertension

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? Means of injury

23. Signature J. R. M. Arter (M. D. or other)

Address Browning Mo. Date signed Oct 17, 1942

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-2083

Date Filed NOV 16 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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Frank D. Schone

Licensed Embalmer No.

2016

P. O. Address

Milan, 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.