

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32932

Registration District No. 6438

Primary Registration District No. 3028

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown Mo
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Arthur Baxter Mooney
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 16 1939
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Mooney
13. Birthplace KashKorango Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bernice McLean
15. Birthplace Carthage Ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tom Mooney

(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof Sept 16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Ed Hellick

(b) Address Fredericktown Mo

19. (a) Sept 16-1939 (b) I. C. S. Laughter
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 5
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 16 1939 to Sept 16 1939
that I last saw in person and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn
Due to asphyxia

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 E. M. DeLaney (M. D. or other) DO.
Address Fredericktown Mo Date signed Sept 16 1939

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

REV. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.