

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 413

Primary Registration District No. 4245

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Oronogo
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Oronogo
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Deliv.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Louisa Moore 6AD

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

4. Sex F. 5. Color or race W. 6. (a) ~~Single, widowed, married,~~ divorced MARRIED

6. (b) Name of husband or wife S. R. Moore 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 12, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 12 hr. _____ min.

9. Birthplace No data Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Davis

13. Birthplace No data No data
(City, town, or county) (State or foreign country)

14. Maiden name No data

15. Birthplace no data no data
(City, town, or county) (State or foreign country)

16. (a) Informant SA Moore

(b) Address Oronogo, Mo.

17. (a) Burial (b) Date thereof June 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City, Missouri

19. (a) JUNE 25, 1940 (b) J. T. Pritchard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1940 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 22, 1940 to June 19, 1940
that I last saw him or alive on June 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

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? _____

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

23. Signature C. J. Gregory (M. D. or other) 3rd

Address Webb City, Mo. Date signed 6/25/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-7-171

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.....

E. W. Hedge

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. W. Hedge

Licensed Embalmer No. *2859*

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.