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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24702

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 820

1. PLACE OF DEATH:

(a) County BUCHANAN 3

(b) City or town ST. JOSEPH 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 yrs. 24 ds. (Specify whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. State Hospital # 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Aloise Moisset 23 D

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

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 ? (Month) ? (Day) 1861 (Year)

8. AGE: Years 79 Months 2 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation Com. laborer 7

11. Industry or business chronic invalid

FATHER
12. Name ? 7
13. Birthplace France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Buchanan Co. Court
(b) Address

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director Summers and Flinchpaugh
(b) Address Kirksville, Mo. ...ille, Mo.

19. (a) July 31, 1940 (Date received local registrar) (b) H J Mostlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30 day ___ year 1940 hour 12 minute 50 a. M.

21. I hereby certify that I attended the deceased from (res. staff) July 6, 1906, 19__, to July 30, 1940, that I last saw him alive on " " 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Operative shock - Tenotomy of flexor tendons of l. knee 57 a	12 hrs.
Due to Chronic arthritis deformans	4 years
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	?

Major findings:
Of operations marked contraction + adhesions of flexor tendons
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature T. T. O'Dell (M. D. ~~or other~~) 1
Address St. Joseph Date signed 7/30/40

(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 E. T. Whitacre, Registered Apprentice No. no working under my personal supervision.

Signed Summers and Flinchpaugh

Licensed Embalmer No. 2159

P. O. Address Kirksville, 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.