

FILED SEP 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27819**

Registration District No. 16 Primary Registration District No. 5020 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural Rochester
(c) Name of hospital or institution: 2
(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)

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

3. (a) PRINT FULL NAME CORA C. MOVRY (60)
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3
year 1940 hour 1:00 minute Am.
21. I hereby certify that I attended the deceased from Jan 1, 1939, to July 3, 1940
that I last saw her alive on July 1, 1940
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Movry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 26, 1854
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
Due to Arterio Sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) g412

8. AGE: Years 86 Months 5 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace Tippecanoe County Indiana
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business _____
12. Name Vincent Caster
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda House
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Movry
(b) Address Helena Mo
17. (a) _____ (b) Date thereof July 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star Mo
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City Mo
19. (a) 7-10-1940 (b) Mrs. Service A. Fite
(Date received local registrar) (Registrar's signature)

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? 9:15
(Specify type of place) (e) Means of injury _____
23. Signature E. M. Reynolds (M. D. _____)
Address Union Star Date signed July 5-40

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

2

RECEIVED
District Health Officer No. 11.
District No. _____
Date Filled _____

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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, above space should be left blank.