

S. No. 5-17-39 X21492

STANDARD CERTIFICATE OF DEATH

State File No. 36003

NOV 20 1940

Registration District No. 117 Primary Registration District No. 4411 Registrar's No.

1. PLACE OF DEATH

(a) County Jettie

(b) City or town La Monte
(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 2
(Specify whether)

In this community 497 Lab
years, months or days

3. (a) PRINT FULL NAME Malinda M. Moppin

3. (c) Social Security No.

8. (b) If veteran, name war

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced m

6. (c) Age of husband or wife if alive years 30 (Day) 1891 (Year)

7. Birth date of deceased May (Month) 30 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>4</u>	<u>20</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Hausman

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

14. Maiden name Mary Tribble

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

16. (a) Informant Helen Bergman

(b) Address

17. (a) La Monte (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo

18. (a) Signature of funeral director B. F. Jansen

(b) Address La Monte Mo

19. (a) (Date received local registrar) (b) B. F. Jansen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jettie

(c) City or town La Monte
(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 Oct day 20 year 1940 hour 12 minute 8 P. M.

21. I hereby certify that I attended the deceased from Oct 20, 1940 to Oct 20, 1940, that I last saw her alive on Oct 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - (Left)

Duration 12 hr.

Due to Stroke

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy None

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

23. Signature M.E. Walker (M. D. or other)

Address La Monte Mo Date signed 10-24-40

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

MOTHER FATHER

JUL 12 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-40

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 B. J. Carver

Licensed Embalmer No. 1592

P. O. Address 89 Main St

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.