DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6698

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural Liberty R.F.D. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old Homestead (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Liberty (If outside city or town limits, write "RURAL")

(d) Street No.: Route 3. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Joseph D. Moon

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

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: April (Month) 27 (Day) 1861 (Year)

8. AGE: Years 79 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Janitor Old Home

11. Industry or business:

FATHER
12. Name: Joseph D. Moon
13. Birthplace: England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emaline Jackson
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Dave Rogers.

(b) Address: RFD Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 18-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive Liberty Mo

18. (a) Signature of funeral director: Chas. Archer Co

(b) Address: Liberty Mo

19. (a) 2-18-41 (Date received local registrar) (b) Helen Farley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1 39, to Feb 17 1941; that I last saw him alive on Feb 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure 8 hrs

Due to: 162

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: F. H. McAdams (M. D.)

Address: Liberty Mo Date signed: 2/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
Date File Number 3-10-41

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.