No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24625

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 290

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 012

(a) State Missouri (b) County Butler 7

(c) City or town Poplar Bluff 3
(If outside city or town limits, write "RURAL")

(d) Street No. 244 North Sixth St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Morice Moton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Mary Moton (deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 20, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	4	hr. min.

9. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business self

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Della Moton
(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Neelyville, Cemetery

18. (a) Signature of funeral director Greer - Croy Funeral Serv.
(b) Address Poplar Bluff, Missouri

19. (a) 7/25/41 (Date received local registrar) (b) 88 Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from July 20, 1941, to July 20, 1941;
that I last saw him alive on July 20, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	7 da
Due to Arteriosclerosis	?
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	

95C

Major findings:
Of operations _____
Of autopsy _____

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 D. L. Truckert (M. D. or other) A. M. D.
Address Poplar Bluff, Mo. Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 841-1016
Date Filed 8-6-41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.