

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27670 9
State File No. 9

FILLED SEP 19 1941

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County ANDREW
 (b) City or town SAVANNAH
(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 _____
(Specify whether years, months or days)
 In this community SIXTY YEARS

3. (a) PRINT FULLNAME GEORGE S. MOONEY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ALICE MOONEY 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased OCT - 18 - 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name TOM MOONEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Alice Mooney

(b) Address Savannah - Mo.

17. (a) Savannah (b) Date thereof aug-28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH

18. (e) Signature of funeral director Frank Whinn

(b) Address Savannah Mo.

19. (a) Aug 28-41 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Savannah
(If outside city or town limits, write "RURAL")
 (d) Street No. 207 WEST PEARL
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-15, 1941, to 8-26, 1941; that I last saw him alive on 8-26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Congestion of Lungs Duration 2 days
Chronic Myocarditis years

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

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____
(Specify type of place) (Specify means of injury)

23. Signature [Signature] (M. D. or other) _____
Address Savannah Mo. Date signed 8/21/41

934 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 1279.....

P. O. Address Savannah.....

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.