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4-41
7-39
X26390

FILED SEP 11 1941
Registration District No. **839**

Primary Registration District No. **6101**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Stoddard**
 (b) City or town **Rural Richland Twp**
 (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 _____)
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Scott**
 (c) City or town **Canalou Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Polly Moore**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **15**
 year **1941** hour **5:** minute **30** A.M.

4. Sex **Female** **5. Color or race** **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jake Moore**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Dec. 16, 1899**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1**
 _____, 19 **41** to **Aug 5**, 19 **41**
 that I last saw her alive on **May 15**, 19 **41**
 and that death occurred on the date and hour stated above.

8. AGE: Years **41** Months **7** Days **21**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary heart failure**
Due to **hypertension**
Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace **Mississippi**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name **Dan Brooks**
13. Birthplace **Mississippi**
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
PHYSICIAN

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

16. (a) Informant **Jake Moore**
 (b) Address **Canalou, Mo. Rural**
17. (a) Burial (b) Date thereof **8-16-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Sikeston, Mo.**
18. (a) Signature of funeral director **J. H. [Signature]**
 (b) Address **Sikeston, Mo.**

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

19. (a) 9-3-41 (b) **[Signature]**
 (Date received local Registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) _____
 Address **[Signature]** Date signed **8/18/41**

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

103

0

(Yes or No)

Duration
1 year
2 year

93d

RECEIVED

District Health Office No. 2,

District File Number 941-1230

Date Filed 9/8/41

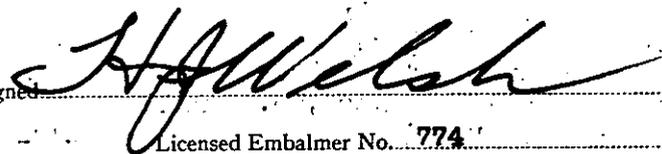
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 774

P. O. Address Sikeston, Mo.

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

If this body is not embalmed, fact should be so stated above.