

FILED DEC 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39156

Do not use this space.

1. PLACE OF DEATH

(a) County Park Co. Registration District No. 703
 (b) Township Johnson Primary Registration District No. 4424 Registered No. 20
 or Humsville (d) Street No. Geo. Dimmitt Memorial Hospital St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 1

2. PRINT FULL NAME Wilma Faye Moore

(a) Residence, No. Capliger Mills - Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Billie M. Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21-1941
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 1 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gola Kansas
 13. NAME William T. Perkey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gola Kansas
 15. MAIDEN NAME Lena Philip Fillpat
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jericco S. pgs. Missouri
 17. INFORMANT (ADDRESS) Billie Moore
Capliger Mills, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Love DATE 11-22 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Chas. Neale
Stockton Missouri
 20. FILED Nov. 24 1941 Ora M. Rich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21 194122. I HEREBY CERTIFY, That I attended deceased from 11/8 1941 to 11/21 1941I last saw her alive on 11/21 1941. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

3rd Degree Burns over entire Body and extremities.

Date of onset

Other contributory causes of importance: 181

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: 20Accident, suicide, or homicide? accident Date of injury 11/8 1941Where did injury occur? Capliger Mills, Cedar Co. Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury clothing caught fireNature of injury 3rd degree burns24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. G. Robinson M. D.(Address) Humansville, Mo.

63 (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.

JUL 23 1947

Missouri
District Health Officer
District File Number 12-41-2013
Date Filed 12-9-46

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.....

P. O. Address.....

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.