S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42455

State File No.

DEC 31 1941 538
Registration District No.

Primary Registration District No. 5723

Registrar's No. 86

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural-St. Michael T.W.
(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 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 062
(c) City or town Rural-Marquand township 0
(If outside city or town limits, write "RURAL")
(d) Street No. Marquand road 5 Mo. So. of Fredericktown (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jerry Dempsey Moyers

3. (b) If veteran, name war

3. (c) Social Security No. 486-20-6713

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Skaggs Moyers

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. (Month) 15 (Day) 1875 (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Moyers
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0

MOTHER
14. Maiden name Marriah Hale
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Mrs. Ella Moyers (wife) 1
(b) Address R.F.D. 4, Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Madison County Mo

18. (a) Signature of funeral director Stanley A. Rigdon
(b) Address Fredericktown, Missouri

19. (a) Dec 13-1941 (Date received local registrar) (b) S. C. Slaughter By C. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th. year 1941 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death broken neck and internal head injuries
he was passenger
Due to auto accident in which auto turned over on deceased. 1
Due to ice on highway causing vehicle to skid. 4

Other conditions
(Include pregnancy within 3 months of death)

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) Accident 062
(b) Date of occurrence December 12, 1941
(c) Where did injury occur? Fredericktown (City or town) Madison (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State highway #67 (Specify type of place)
While at work? No (e) Means of injury auto

23. Signature Jason M. Crowder Coroner
Address Fredericktown, Mo Date signed 12/12/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 19[illegible]

JAN 3 19[illegible]

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 Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address Fredericktown, [illegible]

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.