V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

46
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27301

State File No.

Registration District No. 141 5-53-8

Primary Registration District No. 386-550

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Benton

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

(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell 46

(c) City or town South Fork 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alice Moore

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female ~~M~~

5. Color or race W

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

6. (b) Name of husband or wife P. E. Moore

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 10-20-69 (Month) (Day) (Year)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace England 4 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓ ✓

FATHER
12. Name Edw Whiteside
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Bannister
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant P E Moore

(b) Address South Fork Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation South Fork

18. (a) Signature of funeral director [illegible]

(b) Address West Plains Mo

19. (a) 5-4-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 42 hour 1 minute 00 P M.

21. I hereby certify that I attended the deceased from 4-2, 1942, to 4-15, 1942; that I last saw her alive on 4-10, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic stenosis	several months
enlarged heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92a

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 0

23. Signature C A Beach MD (M. D. or other)

Address Beach Date signed

1125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942814
Date Filed 9-11-42

20

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, fact should be so stated above.