No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1633

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 23

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1108 South 22nd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Three Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrews 2

(c) City or town Savannah (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 5

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Alice Louise Mooney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife George Mooney

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

7. Birth date of deceased October (Month) 10th (Day) 1856 (Year)

8. AGE: Years 86 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Zanesville (City, town, or county) Illinois. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Mary Margaret Rose
15. Birthplace (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant Lottie Thrush

(b) Address 1108 So. 22nd St. St Joseph Mo

17. (a) R (Burial, cremation, or removal) (b) Date thereof Jan (Month) 8 (Day) 1943 (Year)

(c) Place: burial or cremation Savannah, Mo

18. (a) Signature of funeral director Terhune & Clark.

(b) Address Savannah, Missouri

19. (a) 1-7-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day FIFTH year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from ~~Oct~~ Dec 30, 1942 to Jan 5, 1943 that I last saw her alive on Dec 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration: sudden death

Due to 50

Due to

Other conditions Metastatic Carcinoma Chest (Include pregnancy within 3 months of death) from old breast cancer

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

23. Signature Dr [illegible] (M. D. or other) MD

Address St Joseph Mo Date signed 1-7-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Savannah, T

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

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