. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6514

Registration District No. 141 | Primary Registration District No. 3025 | Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains Mo
(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: 30 days

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

3. (a) PRINT FULL NAME: Amelia R. Moffis
3. (b) If veteran, name war: ✓
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Alvin Moffis
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Jan 12 (Month) 1901 (Day) (Year)

8. AGE: 42 Years | 0 Months | 7 Days | If less than one day ..... hr. ..... min.

9. Birthplace: Douglas Co., Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: .....
FATHER
12. Name: J. A. Hoyt
13. Birthplace: Douglas Co., Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sadie Kapatzer
15. Birthplace: Miller Co., Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Alvin Moffis
(b) Address: West Plains, Mo.
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 1-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn
18. (a) Signature of funeral director: Robertson
(b) Address: West Plains, Mo.
19. (a) 2-10-43 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 1943 hour 11 minute 00 9 M.
21. I hereby certify that I attended the deceased from Jan 11, 1943, to Jan 16, 1943; that I last saw him alive on 1-15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	7 weeks
Due to 108	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	

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: E. C. Bohrer (M. D. or other) MD
Address: West Plains, Mo. Date signed 2-1-43

(Licensed Embalmer's Statement on Reverse Side) Bohrer

RECEIVED
District Health Officer No. 5,
District File Number 343140
Date Filed 3-5-43

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 D D Robertson

Licensed Embalmer No. 3432

P. O. Address West Paris, Me

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.