

FILED APR 3 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11136

Registrar's No. 27

Registration District No. 280

Primary Registration District No. 5963

1. PLACE OF DEATH:

(a) County PLATTE
(b) City or town PLATTE CITY, MO. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 YEARS
In this community 60 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PLATTE
(c) City or town PLATTE CITY, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE ELLEN MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
7. Birth date of deceased: DEC. 12 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 29 hr. min.

9. Birthplace FRANKFORT, KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE AT HOME

11. Industry or business _____

12. Name MILTON ALLISON
13. Birthplace MT. STERLING, KY.
14. Maiden name MARY ANN FERGUSON
15. Birthplace KY.

16. (a) Informant MISS RENA MOORE

(b) Address PLATTE CITY, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 3 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SECOND CREEK, PLATTE, MO.

18. (a) Signature of funeral director McCluskey Funeral Home

(b) Address Smithville, Mo.

19. (a) 3-13-43 (b) McClay Hifflee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10
year 1943 hour 3: minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 30 1943 to Mar 10 1943
that I last saw her alive on Feb 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 1 yr.

Due to _____
Due to _____

Other conditions Arteriosclerosis 5430
(Include pregnancy within 3 months of death)

Major findings: Of operations none 938
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. H. H. H. H. (M. D. or N. D.)
Address Platte City, Mo. Date Mar 12 43

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

830

F-3

0

0

0

1943

1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

22.

(a)

(b)

(c)

(d)

While at work?

(c)

23.

Address

Date

1-2-43

RECEIVED

District Health Officer No. Platt
District File Number 4-43-31
Date Filed 4-2-43

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 S. A. McComas
Licensed Embalmer No. 2303
P. O. Address Smithville, Mo.

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.