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5-17-34  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

D JUN 10 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 8 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 710 S. Clinton  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - -

3. (a) PRINT FULL NAME Queenie Moffett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. R. Moffett

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

7. Birth date of deceased September 21 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 5  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name - - - Houghton

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. C. C. Owen

(b) Address 1214 Jersey, Carthage, Mo.

17. (a) Burial (b) Date thereof May 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 27, 1943 (b) Elizabeth Coupler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 7 1943 to May 26 1943;  
that I last saw h.e.r. alive on May 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Gallbladder  
Liver  
& Pancreas

Due to Arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: Carcinoma & metastases

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) (e) Means of injury.....

23. Signature: J. B. ... (M.D. or other) M.D.  
Address: Carthage, Mo. Date signed: 5/27/43

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

43-5-458

**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.....  
*James R. Dineel*

Licensed Embalmer No. *391*

P. O. Address *Bartholomew*

**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.**