

FILED JUN 29 1943

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St Joseph, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mercy Hospital 0
 (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) **10 days**

3. (a) PRINT FULL NAME **Minnie Moffett**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **P. T. J. Moffett** 6. (c) Age of husband or wife if alive, years **30**
 7. Birth date of deceased **Jan 30 1895**
 (Month) (Day) (Year)

8. AGE: Years **48** Months **4** Days **3** If less than one day hr. min.

9. Birthplace **Harrison County, Mo 0**
 (City, town or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business **Cafe**

12. Name **Eugene Donelson**

13. Birthplace **Unknown Mo. 0**
 (City, town or county) (State or foreign country)

14. Maiden name **Hally DeWitt**

15. Birthplace **Unknown Iowa 1**
 (City, town or county) (State or foreign country)

16. (a) Informant **Eugene Donelson**

(b) Address **Patfield Mo.**

17. (a) **Removal** (b) Date thereof **6/3/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paul Lamoni Ia**

18. (a) Signature of funeral director **Benton - Bifula + Bowman**

(b) Address **St Joseph, Mo.**

19. (a) **6/3/43** (b) **Rae Hergog**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Iowa** (b) County **Decatur**
 (c) City or town **Lamoni 999**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **No.** (If rural, give location) **13**
 (e) Citizen of foreign country? **No.** (Yes or No) **13**
 If yes, name country **9, 0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
 year **1943** hour **6** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **May 23** to **June 1**, 19**43**
 that I last saw him alive on **June 1**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis + Endocarditis**

Due to **above**

Due to **Alcohol consumption + Abused + Abuse + Abuse**

Other conditions **appendicitis**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **121 + 2**
 Of autopsy

Duration
 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) (e) Means of injury

23. Signature **Rae Hergog** (M. D. or other)

Address **St Joseph, Mo** Date signed **6-9-43**

1233 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 G. Moles

Licensed Embalmer No.

3296

P. O. Address

St Joseph 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.