

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

2  
11  
36  
29484

State File No.

Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
131 East Wilson Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 53 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Cartersville  
(If outside city or town limits, write "RURAL") 4  
0

(d) Street No. 131 East Wilson  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Maggie Moore

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

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

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

7. Birth date of deceased August 27, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>15</u>	<u>hr. min.</u>

9. Birthplace no data Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Lothar Gubther

13. Birthplace no data Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Noasanna Gauthman

15. Birthplace no data Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Neice Mrs. Edith Gunther

(b) Address Cartersville, Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Oct. 14, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cemetery

18. (a) Signature of funeral director Hedge - Nelson

(b) Address Webb City, Missouri

19. (a) Oct. 13, 1943 (Date received local registrar)

Mrs. Millie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18  
year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from JULY 15  
1943 to OCT 12, 1943  
that I last saw her alive on OCT 10 1943, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS OF LIVER

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

124 fl

Duration

PHYSICIAN

Major findings: Of operations

Of autopsy CIRRHOSIS OF LIVER

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)

(b) Means of injury 2 DO.

23. Signature P.M. Lance (M. D. or other)

Address CARTERSVILLE MO Date signed 10-12-43

43-10-909

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**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.....

*C. W. Hedge*

Licensed Embalmer No.....

*2859*

P. O. Address.....

*W. L. City, W.*

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

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