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2-43  
7-3  
X3389

State File No. ....

FILED FEB 14 1944

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Newton

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

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton <sup>23</sup>

(c) City or town Granby  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: U.S.A.

3. (a) PRINT FULL NAME Elmer Moffett

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased January 28 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 13

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace McDonald Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired miner

11. Industry or business \_\_\_\_\_

12. Name Mac Moffett

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

14. Maiden name Laura Bartleson

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

16. (a) Informant Clyde Moffett

(b) Address Granby, Missouri

17. (a) Burial (b) Date thereof 12/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granda

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

(b) Address Cassville, Missouri

19. (a) Jan 11 44 (b) Tulu Norwood Mo.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1943 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from On Dec 15 1943 to \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Shock pulmonary edema <sup>Duration 3 1/2 hours</sup>

Due to 95% 3rd and 4th degree burns 4 hours

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 181-115

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) Accident 173

(b) Date of occurrence Dec 15, 1943

(c) Where did injury occur? Granby Newton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? No (Specify type of place) (e) Means of injury Stone explosion

23. Signature Charles Chester (M. D. or other) Od

Address Granby, Mo. Date signed 12/19/43

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

MOTHER FATHER

1144

RECEIVED 2-11-44

District Health Officer No. ....

District File Number 144-22 .....

Date Filed 2-11-44 .....

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 .....

*Margaret Culver*

Registered Apprentice No. 357

working under my personal supervision.

Signed *J. E. Culver*

Licensed Embalmer No. 3584

P. O. Address *Cassville*

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.