

FILED JUN 12 1944

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 30

1. PLACE OF DEATH: MADISON  
 (a) County MADISON  
 (b) City or town MAYOQUAND, MO  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison  
 (c) City or town Mayoquand  
 (d) Street No.  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME WILLIAM U. MOYORS  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAY day 10  
 year 1944 hour 9 minute P. M.

4. Sex M  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife NETTIE MOYORS  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased 4/10/1857

21. I hereby certify that I attended the deceased from May 1, 1944 to May 10, 1944  
 that I last saw him alive on May 1, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: 87 Years 1 Months Days If less than one day hr. min.

Immediate cause of death Chronic Nephritis  
 Due to arterio sclerosis

9. Birthplace MAYOQUAND, MO (City, town, or county) (State or foreign country)

Other conditions Delusory heart lesions  
 (Include pregnancy within 3 months of death)

10. Usual occupation FARMOR

11. Industry or business

Major findings: Of operations 1318  
 Of autopsy  
 PHYSICIAN Underline the cause to which death should be charged statistically.

12. Name MIKE MOYORS

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

14. Maiden name SARAH CHESA

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

16. (a) Informant OPA MOYORS

(b) Address MAYOQUAND, MO

17. (a) Burial, cremation, or removal R.W. 100 (b) Date thereof 5-11-1944 (Month) (Day) (Year)

(c) Place of burial or cremation MAYOQUAND, MO

18. (a) Signature of funeral director

(b) Address

19. (a) Date received local registrar May 11, 1944 (b) Signature S. C. Slaughter (c) Signature

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. Harry Borron (M. D. or other)  
 Address Fredericktown, Mo Date signed 5/14/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 644-3961  
Date Filed 6-9-44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**