S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18819

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1944

State File No.

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural. Hayti Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — / Hayti Jury
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Mo (b) County Pemiscot 0.

(c) City or town Hayti Rural 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Christeen Moore

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Bennie Moore Jr.

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. 25 (Month) — (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
24	4	14	11 hr. 7 min.

9. Birthplace — (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Home wife

11. Industry or business —

FATHER
12. Name GEORGE WILSON
13. Birthplace Unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name CHRISTEEN WILSON
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant BENNIE MOORE JR
(b) Address HAYTI RURAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Hayti Mo

18. (a) Signature of funeral director
(b) Address

19. (a) 5-11-1944 (Date received local registrar) (b) J A Johnson Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 44 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 5-9-, 1944, to 5-9-, 1944
that I last saw her alive on 5-9-, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Puerperal convulsions	few hrs
Due to: Toxemia of pregnancy	
Due to:	
Other conditions — (Include pregnancy within 3 months of death)	
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) —
(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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature A G Bond M.D. (M. D. or other)
Address Hayti, Mo. Date signed 5-10-44

(Licensed Embalmer's Statement on Reverse Side)

5-44-113

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, above space should be left blank.