. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21131

State File No.

Registration District No. FILED JUL 14 1944

Primary Registration District No. 1400

Registrar's No. 708

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(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 5 days (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

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

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

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

If yes, name country 1

3. (a) PRINT FULL NAME DONNA JEAN MOSES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 24 (Day) 1933 (Year)

8. AGE: Years 10 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Melvern (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation student

11. Industry or business

FATHER
12. Name William Alfred Moses
13. Birthplace Ackerlan (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Pansy M. Shaw
15. Birthplace Buchanan county (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. Wm. A. Moses

(b) Address Helena, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Missouri

18. (a) Signature of funeral director Heaton BeGole & Bowman

(b) Address 319 South 10th

19. (a) 7/11/44 (Date received local registrar) (b) Helen I Tickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from July 4, 1944, 19, to July 8, 1944
that I last saw her alive on July 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrenous perforated appendix

Due to

Due to

Other conditions peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured gangrenous appendix

Of autopsy

Duration

121

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 [signature] (M. D. or other) D.O.

Address 823 Faraon St. Date signed 7-8-44

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. P. Long
823 Faraon

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 Frank A. Bowman

Licensed Embalmer No. 1710

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.