

FILED JAN 25 1945
Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 7

1. PLACE OF DEATH: Lawrence

(a) County: Lawrence

(b) City or town: Mount Vernon *dup*

(c) Name of hospital or institution: Missouri State Sanatorium 0

(d) Length of stay: In hospital or institution: 156 days

In this community: 156 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Macon 61

(c) City or town: La Plata 2

(d) Street No.: 315 N. Jones 0

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

3. (a) PRINT FULL NAME: Estella M. Moncrief

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: John Moncrief

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

7. Birth date of deceased: November 11 1911

8. AGE: Years 33 Months 2 Days 5

If less than one day: _____ hr. _____ min.

9. Birthplace: La Plata Missouri

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Everett O. Barry

13. Birthplace: Macon County Missouri

14. Maiden name: Mary Streight

15. Birthplace: Macon County Missouri

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San., Mount Vernon, Mo.

17. (a) *Removal* (b) Date: 1-17-1945

(c) Place: burial or cremation: *St. Louis*

18. (a) Signature of funeral director: *err interlocking ea*

(b) Address: *116 1/2*

19. (a) *116 1/2* (b) *Andy Crawford*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 16

year: 1945 hour: 3 minute: 00 P.M.

21. I hereby certify that I attended the deceased from August 14 1944 to January 16 1945

that I last saw her alive on January 16 1945

and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Duration: over 4 yrs

Due to: _____

Due to: _____

Other conditions: _____

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature: Charles A. Brasher (M. D. or other) M.D.

Address: Mt. Vernon, Mo. Date signed: 1-16-45

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

500

RECEIVED

District Health Officer No. 6,

District File Number 145-144

Date Filed JAN 23 1945

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Oran L. Marsh

Licensed Embalmer No. 3812

P. O. Address.....

Corona 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.