. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5603

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 107

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Beattie Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Larry Moutray
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 24 (Day) 1944 (Year)

8. AGE: Years 0 Months 4 Days 5 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Kenneth A. Moutray
13. Birthplace Grant City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Marie Morrison
15. Birthplace Trenton (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant Margaret M. Moutray
(b) Address 1514 Beattie St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/1945 (Month) (Day) (Year)
(c) Place of burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Hatter Meierhoffer
(b) Address 1302 Faraom, St. St. Joseph, Missouri.
19. (a) 1-31-45 (Date received by local registrar) (b) Helen J. Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th. year 1945 hour 10 minute 35 p. M.
21. I hereby certify that I attended the deceased from Jan 28, 1945 to Jan 29, 1945 that I last saw him alive on Jan 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Double Lobar Pneumonia — 3 days
Due to
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 J R Elliott (M. D. or other)
Address 801½ Francis St Joseph Mo. Date signed 1/31/45

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert L. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.