

FILED NOV 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 34155

Registration District No. 193

Primary Registration District No. 5709

Registrar's No.

1. PLACE OF DEATH:

(a) County MCDonald
(b) City or town Rural, Erie, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Goodman MO, R.F.D. #, I.
(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:

(a) State MISSOURI (b) County MCDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Goodman MO, R.F.D. # I
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Louise Moodispaw

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 April 2, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 5 22
hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Eugene Moodispaw
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Louise Jones
15. Birthplace MD.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Moodispaw
(b) Address Goodman MO.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director C. W. Williams
(b) Address Goodman MO.

19. (a) 11/5/45 (b) C. W. Williams
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1945 hour 5 minute 30, P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Drowning
Due to accident with Drowning
Due to _____
Other conditions (Include pregnancy within 3 months of death) 193-3
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically. 17
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 60
(b) Date of occurrence 9-24-1945
(c) Where did injury occur? Goodman MCDonald, MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about house
While at work? _____ (Specify type of place)
(e) Means of injury 17
23. Signature R. M. Dunphy (M.D. or other)
Address Pineville MO. Date signed 10-20-45

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

464

RECEIVED

District Health Officer No. **6**

District File Number **114 S-1073**

Date Filed **NOV 7 1945**

EX-117
MAY

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.