

7. S. No. 2
 OM-8-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38734

State File No. _____

FILED NOV 19 1945
 Registration District No. 234

Primary Registration District No. 4490

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Blodgett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Scott
 (c) City or town Blodgett
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country None

3. (a) PRINT FULL NAME Mary Ann Moore
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J.W. Moore 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased March 4th 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 14th
 year 1945 hour 5 minute 30 A. M.
 21. I hereby certify that I attended the deceased from 6-10 to 6-14, 1945
 that I last saw her alive on 6-14, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death: _____

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

Due to Acute Myo Carditis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace White Co. Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Pook
 13. Birthplace White Co. Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Stephens
 15. Birthplace Franklin Co. Illinois
(City, town, or county) (State or foreign country)
 16. (a) Informant J. W. Moore
 (b) Address Blodgett, Mo.
 17. (a) Burial (b) Date thereof 6-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maynard, Diehlstadt, Mo.
 18. (a) Signature of funeral director John P. Pook
 (b) Address Blodgett, Mo.
 19. (a) 6-25-45 (b) Mrs. J. Pook
(Date received local registrar) (Registrar's signature)

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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature E. J. Pook (M. D. or other) _____
 Address _____ Date signed _____

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

100
0
0

MOTHER FATHER

1220

(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 John F. Minneker Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.