

**FILED** APR 17 1946  
Registration District No. 82

**STANDARD CERTIFICATE OF DEATH**

State File No. 12666

Primary Registration District No. 3017

Registrar's No. 194

**1. PLACE OF DEATH:**

(a) County COOPER  
(b) City or town BOONEVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ALEX VAN RAVENSWAYO  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 WKS. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MORGAN  
(c) City or town STOVER  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIE ELLEN MOORE

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 MARRIED

6. (b) Name of husband or wife ALBERT MOORE 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOV. 1 1890  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>50</u> | <u>5</u> | <u>6</u> | hr. _____ min. _____ |

9. Birthplace JOHNSON CO. MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name WILLIAM WAHLACE

13. Birthplace SALINE Co. MO. O  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH KIRKENDOFF

15. Birthplace SALINE Co. MO. O  
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT MOORE

(b) Address STOVER MO.

17. (a) BURIAL (b) Date thereof 4-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEM

18. (a) Signature of funeral director J. H. Stearns

(b) Address Stover Mo.

19. (a) 4/9/46 (b) Alex Moore  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 7th  
year 1946 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 1  
1946 to April 6 1946  
that I last saw him alive on April 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Riding arterial embolus in  
aborta abdominalis.  
Due to probably following course  
of gallcolic duct with stone.  
Due to \_\_\_\_\_

Duration 5 weeks

Other conditions Jaundice of both feet  
(Include pregnancy within 3 months of death) developed.

Major findings: cholecystitis + large stones

Of operations \_\_\_\_\_  
Of autopsy non

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) \_\_\_\_\_ (e) Means of injury fall

23. Signature Alex Moore (M. D. or other) \_\_\_\_\_  
Address Stover Mo. Date signed April 7

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

11572

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-15-46

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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

*J. L. Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stearns

**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.**