

No. 2  
-2.43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

31103

FILED SEP 18 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Perryville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Latta St. 1  
(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: Mo. (b) County: Perry

(c) City or town: Perryville  
(If outside city or town limits, write "RURAL")

(d) Street No.: Latta St. 1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Clark William Moomer

3. (b) If veteran, name war: \_\_\_\_\_

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: August 4, 1946  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace: Cape Girardeau Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

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

MOTHER FATHER

12. Name: Floyd Moomer

13. Birthplace: Perry County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Virula Ponder

15. Birthplace: Perry County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Floyd Moomer

(b) Address: Perryville Mo.

17. (a) Burial (b) Date thereof: 9-11-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Ben Funeral Home

(b) Address: Perryville Mo.

19. (a) 9-11-46 (b) Joe J. Zeller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 10th, year 1946 hour 1:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10 Sept 46, 1946 to \_\_\_\_\_, 1946, that I last saw her alive on 10 Sept, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital malformation of heart of "patent foramen ovale"

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: none

Of operations: none

Of autopsy: none

Duration

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: ---

23. Signature: James Bradell (M. D. or other) \_\_\_\_\_

Address: Perryville Date signed: 11/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

2500

RECEIVED

District Health Officer No. 4  
District File Number 946-2632  
Date Filed 9-17-46

**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

*LeRoy J. Schindler*

Licensed Embalmer No. 4175

P. O. Address Perryville 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.