

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1946

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 152

1. PLACE OF DEATH:
 (a) County Madison Fredericktown & Michal
 (b) City or town 601 West Main
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community about 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Madison
 (c) City or town 601 Fredericktown
 (If outside city or town limits, write "RURAL")
 (d) Street No. 601 West Main
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Millard Price Moiser
 3. (b) If veteran, name war no
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Nov, day 16, year 1946, hour 7:45 minute A. M.
 21. I hereby certify that I attended the deceased from Nov-1st, 1946, to Nov-16, 1946, that I last saw him alive on Nov-15, 1946, and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Rachel Moiser
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased aug 24 1886
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of rectum & prostate gland Duration 2 yrs.
 Due to _____
 Due to 46D
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 60 Months 2 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Madison Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Carpenter

11. Industry or business Contractor

12. Name Absalem Moiser

13. Birthplace North Carolina (City, town, or county) (State or foreign country) 1

14. Maiden name Martha G. Goss

15. Birthplace Walnut Ridge Ark (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. M. P. Moiser
 (b) Address 601 West Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)
 (c) Place: burial or cremation Little Pine

18. (a) Signature of funeral director W. H. Dick
 (b) Address Fredericktown, Mo

19. (a) 11-18-1946 (Date received local registrar) (b) Therese Dick (Registrar's signature)

PHYSICIAN
 Major findings: Metastasis of Carcinoma in Small Bowel
 Of operations _____
 Of autopsy _____
 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 W. Harry Besson (M. D. or other) 0
 Address Fredericktown Mo Date signed 11/19/46

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

RECEIVED

District Health Officer No. 4
District File Number 1146-2893
Date Filed 11-25-46

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

John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown

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.