

7. S. No. 2
DOM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12753

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown St. Michael
(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 _____ (Specify whether)

In this community about 70 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

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

(d) Street No. 713 South Wood
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Belle Moore

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1947 10 hour 55 minute P. M.

21. I hereby certify that I attended the deceased from 1/31/47, 19 to Feb. 3, 1947
that I last saw him alive on Feb 2, 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Rhompson B Moore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 17 1870
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction Duration 4 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business idly

12. Name Newton Ramsey

13. Birthplace Lynn
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Parks

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

16. (a) Informant Simon Mason

(b) Address 713 South Wood, Fredericktown

17. (a) Burial (b) Date thereof Feb 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian

18. (a) Signature of funeral director Thos. Holt

(b) Address Fredericktown, Mo.

19. (a) 2-8-1947 (b) Therrell Decker
(Date received local registrar) (Registrar's signature)

Major findings: 122B

Of operations _____

Of autopsy _____

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)

While at work? _____ (e) Means of injury _____

23. Signature Maria Grossman (M. D. or other) MD
Address Fredericktown, Mo. Date signed Feb 7, 1947

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

REC'D

filed

4
247-208

2-10-47

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, Md.*

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.