S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 24563

FILED AUG 14 1947

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 2325 Annie Baxter (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME RAIFF STANLEY MOFFETT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillie Moffett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 31st (Day) 1900 (Year)

8. AGE: Years 47 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Chariton Sheridan (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Civil Service
11. Industry or business
12. Name Clifford B. Moffett
13. Birthplace Philadelphia, Penn (City, town, or county) (State or foreign country)
14. Maiden name Minnie Stanley
15. Birthplace Chariton Sheridan, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Lillie Moffett
(b) Address Joplin, Mo:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fredonia, Kansas
18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo:
19. (a) 7-31-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 11:45 minute AM.
21. I hereby certify that I attended the deceased from 7-27-47, 19..., to 7-29, 1947 that I last saw him alive on 7-29-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary heart disease 3 da
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Virgil E. Kaur (M. D. or other)
Address Joplin, Mo Date signed 7-31-47

Corr. Aug 25, 1947 Helen C. Hale

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 25 1947

FEB 12 1950

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jasper }

State File No.
Local Registrar's No.

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of August, 1947, before me appears Mrs. Minnie Moffett, who, upon her oath, states that the original record of ~~birth~~ death for Raiff Stanley Moffett died July 29, 1947, in the State of Missouri, and which was filed at Joplin, Mo. on 7-31, 1947, should be corrected as follows:

Item No. 9 should read Chariton, Iowa
Instead of Sheridan, Iowa

Item No. 15 should read Chariton, Iowa
Instead of Sheridan, Iowa

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
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Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Minnie Moffett
Relationship mother

2321 Grand Baxter Ave
Present Address. Joplin-Mo

Subscribed and sworn to before me this 21 day of August, 1947.

My Commission expires July 31, 1948 Rebecca McBride Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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