

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26618

Registration District No. 376

Primary Registration District No. 62824560

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: Norwood Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Martha Eveline Moshier

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Monday Feb 22
year 1947 hour 5 minut 10 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Moshier

6. (c) Age of husband or wife if alive 97 years

7. Birth date of deceased Sept 1, 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10
1947 to Feb 22, 1947

that I last saw her alive on Jan 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
due to

Duration _____

8. AGE: Years 97 Months 3 Days 21
If less than one day hr. _____ min. _____

Due to _____

Due to Rheumatism

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

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name Hill & Orader

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

14. Maiden name unknown

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Audrey Jones

(b) Address Presley California

17. (a) Burial (b) Date thereof 2/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove Mo.

19. (a) 7-10-47 (b) Mrs. A. R. Worham
(Date received local registrar) (Registrar's signature)

by Mrs. L. J. Sumner
(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Sumner (M. D. or other) 4/23

Address 1825 1/2 St. N. St. Louis Date signed 1-6-47

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

RECEIVED
District Health Officer No. 61
District File Number 847-840
Date Filed AUG 12 1947

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

Russell Barber

Licensed Embalmer No.

3848

P. O. Address

17th Street

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.