S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31794

Registration District No. 201 Primary Registration District No. 4315 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town La Plata Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at work 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Jewel Lee Mooney
3. (b) If veteran, name war WW II
3. (c) Social Security No.
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife JANIE MOONEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 1 (Day) 1921 (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	4	4	hr. min.

9. Birthplace ELLINGTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE INSULATION
11. Industry or business
FATHER
12. Name NO RECORD
13. Birthplace NO RECORD (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) 9 (State or foreign country)
16. (a) Informant Janie Mooney
(b) Address St. Louis, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Knuckles Cem
18. (a) Signature of funeral director Carl K. Spencer
(b) Address SALEM MISSOURI
19. (a) Sep 17-47 (Date received local registrar) (b) Mrs O B Tuffin (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1947 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidently electrocuted
Due to while blowing Rock wool into the attic 9
Due to building at La Plata Mo
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Jury verdict
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 61
(b) Date of occurrence 9-5-47
(c) Where did injury occur? La Plata (City or town) Macon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? yes (e) Means of injury electrocuted
23. Signature Wm Edwards Coroner (M.D. or other) 3
Address Bevier Mo. Date signed 9/6/47

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1947

RECEIVED
District Health Officer No. 10
District File Number 9-47-1307
Date Filed SEP 25 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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.