

S. No. 2
M-5-43
5-17-39
I X38671

FILED OCT 13 1947

Registration District No. **270**

Primary Registration District No. **4427**

Registrar's No. **125**

1. PLACE OF DEATH:

(a) County Waukegan

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

(c) Name of hospital or institution: Waukegan Gen. Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Shelby

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

(d) Street No. 306 Olive
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Francis Moneymaker

3. (b) If veteran, name war.....
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife S. W. Moneymaker 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 2 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1947 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from Oct 2 1947 to Oct 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to anxiety and hypertension

Due to hard arteriosclerosis

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

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>3</u>	<u>2</u> hr. min.

9. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Duration

Physician

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER, FATHER

12. Name Wm. Daniel

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

14. Maiden name Rebecca Dillard

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

16. (a) Informant Edgar Moneymaker

(b) Address Waukegan Ill

17. (a) Funeral (b) Date thereof 10-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ralla Gen. Hospital

18. (a) Signature of funeral director Willsons

(b) Address Ralla Mo

19. (a) Oct 10 1947 (b) Helma C. Buchthaus
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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) (Means of injury)

23. Signature R. D. [unclear] (M. D. or other).....

Address Ralla Mo Date signed 10/6/47

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

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.....

Paul E. Murre....., Registered Apprentice No. *428*
working under my personal supervision.

Signed.....*P. E. Murre*.....

Licensed Embalmer No. *3394*

P. O. Address.....*Roller 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.