

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36789**

FILED OCT 23 1947

Registration District No. **387**

Primary Registration District No. **0113**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

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

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

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

In this community 61 years
years, months or days

3. (a) PRINT FULL NAME Anna Mahissa Moore

3. (b) If veteran, name war

3. (c) Social Security No. /

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife James Harvey Moore

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 25 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Hardy Head

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

14. Maiden name Martha Jane Foster

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

16. (a) Informant Francess Billings

(b) Address Phelis Ave.

17. (a) Burial (b) Date thereof 10-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Commerce Mo

18. (a) Signature of funeral director Bispling off Pine rd Home

(b) Address Chaffee, Mo

19. (a) 10-14-1947 (b) Mrs Addie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

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

(d) Street No. Near Pollard Cemetery off Hwy 58
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-2, 1947, to 10-9, 1947;
that I last saw her alive on 10-9, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 days

Due to Hypertension
Arteriosclerosis

Due to _____

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

Major findings: 3A

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature M P Bisping (M. D. or other) D.O.

Address Benton Mo Date signed 10-11-47

RECEIVED

District Health Office No. 2,

District File Number 1041-1355

Date Filed 10-20-47

OCT 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.....

Jack J. Burnett

Registered Apprentice No. 516

working under my personal supervision.

Signed

Mamie Berlinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.