No. 2
—2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4144

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 51

1. PLACE OF DEATH:

(a) County CALLAWAY

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

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

(d) Length of stay: In hospital or institution 3 Hrs (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. R.F.D. McCREDIE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GERTRUDE 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 CLAY H. MOORE

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

7. Birth date of deceased July (Month) 10 (Day) 1902 (Year)

8. AGE: Years 45 Months 6 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace St Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. MARTIN
13. Birthplace AUXVASSE (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Ollie Douglass
15. Birthplace CALLAWAY CO (City, town, or county) MO (State or foreign country)

16. (a) Informant CLAY H. MOORE
(b) Address McCREDIE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation AUXVASSE, MO

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court Fulton, Mo.

19. (a) Feb 12 48 (Date received local registrar) (b) Josie Morsin Kluff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from ____, 1945, to Death, 19__;
that I last saw her alive on Feb. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Circulatory Collapse	1 hr.
Due to Poisoning Probably Barbiturate	3 hrs.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

16.3 B

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) Suicide

(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 John J. Brown (M. D. or other) M.D.
Address Fulton Date signed 2-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District [illegible]
Date Filed 2/18/28

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton 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.