

No. 2
M-5-43
7. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8350

State File No. _____

FILED APR 1 1948

Registrar's No. 15

Registration District No. 187

Primary Registration District No. 5424

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
years, months or days

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. 407 So. Decatur 35
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME William Elvis Mooney

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1948 hour _____ minute 2:00 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.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Mooney

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 13 1879
(Month) (Day) (Year)

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 Cardiac Failure

Due to Cardiac Decompensation

Due to Hypertensive

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

68 7 5 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Peter Mooney

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

14. Maiden name (unknown) Mansell
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jessie Mooney

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof 3-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cemetery - Malden

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 L

23. Signature W. B. Franklin (Date of issue) 10
Address Campbell, Mo. Date signed 3/23/48

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell Missouri

19. (a) 3-27-48 (b) Mrs. Jewel Campbell
(Date received local registrar) (Registrar's signature) 195

RECEIVED

District Health Office No. 2,

District File Number 348-414

Date Filed 3-31-48

APR 1 1948

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 Christina M. Landess
Licensed Embalmer No. 4227
P. O. Address Campbell, 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.