

S. No. 2  
-1/47-  
5-17-39

National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. 2048

Primary Registration District No. 4009

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town SAVANNAH  
(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 1  
(Specify whether years, months or days)

In this community 20 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY MOYES

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / race W

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased AUG 20 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation AC Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name FRANCES HUNG

13. Birthplace Winter Set Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name SARADANE FLETCHER

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

16. (a) Informant Mrs. Frank Schmitz

(b) Address Savannah MO

17. (a) Burial (b) Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNKNOWN ST

18. (a) Signature of funeral director E. C. Prett

(b) Address Savannah MO

19. (a) 10-22-48 (b) J. H. Hoshor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21  
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1st 1948 to Oct 21 1948  
that I last saw her alive on Oct 15th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause of 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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. H. Hoshor (M. D. or other) \_\_\_\_\_  
Savannah MO Date signed 10-22-48

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

*E. C. Breit*

Licensed Embalmer No. *2630*

P. O. Address.....

*Laurinmo 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.