V.S. No. 300
Rev. 10.48

100 0 0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1949

State File No. 42183

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
c. LENGTH OF STAY (In this place): 35 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
d. STREET ADDRESS (If rural, give location): Route 1.

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) ✓ c. (Last) Moore

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1948

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Halifax, Yorkshire England
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Thomas Robertshaw
13b. MOTHER'S MAIDEN NAME: Martha Ehlen Briggs
14. NAME OF HUSBAND OR WIFE: Ehmer E Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Elmer E Moore — ADDRESS: Chaffee Rt Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

93E

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* one year, *to* _____, *19*____, *that I last saw the deceased alive on* 12/21, *1948, and that death occurred at* 12:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Joseph H. Scruggins (Degree or title) DC.
23b. ADDRESS: 106 N. Main, Chaffee Mo
23c. DATE SIGNED: 12/22/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-48
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county): Cape Co. (State): Mo

DATE REC'D BY LOCAL REG.: 12/23/48
REGISTRAR'S SIGNATURE: G.B. MacCready
298
25. FUNERAL DIRECTOR'S SIGNATURE: L C Burlingloff — ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

Bill Paid

RECEIVED
District Health Office No. 2,
District File Numb. 149-
Date Filed 1-3-49

MAR 2 1961

SEP 9 1953

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jack L. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.