

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22720

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 5-71
(b) Township Sheldon Primary Registration District No. 4335
(c) City California (d) Street No. 31
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 65-3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6 Charlotte Whitney Moore St. □
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF John H. Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20-1838
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
100 8 27.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER 13. NAME W. H. Whitney Clusters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. H. 4

MOTHER 15. MAIDEN NAME Emma Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Miss Hattie Moore
California

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 6/9/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William H. Freedman
California

20. FILED 6-8-1939 H. R. Pope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY That I attended deceased from Family Physician, 1939 to June 5, 1939

I last saw him alive on June 5, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Senility
Arterio Sclerosis

Other contributory causes of importance: 97

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lashley McInnis M. D.

(Address) 56

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.....

Harold E. Friedmeyer

Licensed Embalmer No.....

28541

P. O. Address.....

California 77

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, above space should be left blank.