

FILED MAY 5 1942

Registration District No. 218

Primary Registration District No. 3615

Registrar's No. 45

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RAVENS WAY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution TWO WEEKS  
(Specify whether years, months or days) 20 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME

LUCY L. HUTCHISON-MOORE.

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4  
year 1942 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 12-24-41 to 4-4-42  
that I last saw her alive on 4-3-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 mo.

Due to Hypertensive c.v. Renal Disease 2 yrs.  
Due to \_\_\_\_\_

Other conditions 2  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 131a

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

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) \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature Hubert N. Wells (M. D. or other)  
Address Boonville, Mo. Date signed 4-11-42

4. Sex FEMALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CLAYENCE MOORE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name RICHARD HUTCHISON  
18. Birthplace MISSOURY  
14. Maiden name MAGGIE MOORE  
15. Birthplace MISSOURY  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Maggie Hutchison  
(b) Address Boonville, Mo.  
17. (a) BURIAL (b) Date thereof 4-6-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. ZION CEM.

18. (a) Signature of funeral director C. Albert Lambert  
(b) Address Prairie Home, Mo.  
19. (a) Apr. 4-42 (b) Dr. Chas. Swep  
(Date received local registrar) (Registrar's signature)

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

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.

RECEIVED

District Health Officer No. 8,

district number \_\_\_\_\_

File No. 5-4-42

NOV 17 1940

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, above space should be left blank.