

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

22311
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau 7 Registration District No. 574

(b) Township Lanes 0 Primary Registration District No. 5227A

(c) City or Lanes (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stella Jane Moore

(a) Residence, No. _____ St. (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 W. D. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1872

7. AGE YEARS 68 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Moniteau Co. Mo.

FATHER

13. NAME James H. B. Oetherage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Potter

MOTHER

15. MAIDEN NAME Mary Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

17. INFORMANT (ADDRESS) Elmer J. Moore
Lanes Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexander Cem. DATE _____ 19. _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William Friedman
California Mo.

20. FILED July 6 19. 40 Abbie Ornel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 27 1940

22. I HEREBY CERTIFY, That I attended deceased from March 19 1940 6 - 27, 1940

I last saw him alive on 6 - 26, 1940 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Chc Valvular
Disease of Heart

Date of onset _____

Other contributory causes of importance: 92 W

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 _____, 19. _____

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) A. L. Meredith, M. D.

(Address) 501 Prairie House Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1 X16603

Handwritten mark

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 *Hugh E Williams*
Licensed Embalmer No. *3537*
P. O. Address *California 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.