

Registration District No. **201**

Primary Registration District No. **4315**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Macou**
(b) City or town **St. Plata, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at work 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **6 weeks**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St. Louis**
(c) City or town **St. Louis**
(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 **Jewel Lee Mooney**

3. (b) If veteran, name war **WW II** 3. (c) Social Security No. _____

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **JANIE MOONEY** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 1 1921**
(Month) (Day) (Year)

8. AGE: Years **26** Months **4** Days **4** If less than one day hr. _____ min. _____

9. Birthplace **ELLINGTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE INSULATION**

11. Industry or business _____

MOTHER FATHER { 12. Name **NO RECORD**
13. Birthplace **NO RECORD** 9
(City, town, or county) (State or foreign country)
14. Maiden name **NO RECORD**
15. Birthplace **NO RECORD** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Janie Mooney**

(b) Address **St. Louis, MO.**

17. (a) **BURIAL** (b) Date thereof **9/7/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KNUCKLES CEM.**

18. (a) Signature of funeral director **Carl J. Spencer**

(b) Address **SALEM MISSOURI**

19. (a) **SEP 17-47** (b) **Thos D. Suffer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **6**
year **1947** hour **4** minute **30 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidentally electrocuted** Duration _____

Due to **while flowing Rock Hoop into the attic**

Due to **falling at St. Plata, Mo**

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

Major findings: Of operations **192**
Of autopsy **Jury verdict**

PHYSICIAN

Underline the cause to which death should be charged anatomically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 61**

(b) Date of occurrence **9-5-47**

(c) Where did injury occur? **at home Macou MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? **yes** (e) Means of injury **Electrocuted**

23. Signature **Dr. Edwards** (Physician or other)

Address **St. Louis, Mo.** Date signed **9/6/47**

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

DEC 7 1947

SEP 26 1947

RECEIVED
District Health Officer No. 10
District File Number 9-47-1327
Date Filed SEP 25 1947

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.....

James J. Taylor....., Registered Apprentice No. *436*
working under my personal supervision.

Signed *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, 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.