Vandrae

REC'D DEC 22 1938

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

40058
Do not use this space.

1. PLACE OF DEATH
(a) County Pike 2 Registration District No. 689
(b) Township Buffalo 1 Primary Registration District No. 3033 Registered No.
(c) City Louisiana (d) Street No. 705 Va St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 60 John William Moore
(a) Residence, No. 705 Va St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1878
7. AGE YEARS 60 MONTHS 3 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Button Cutter
9. Industry or business in which work was done, as saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) 11/15/38
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo 0

FATHER
13. NAME Albert Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bakersville Town Penn 1

MOTHER
15. MAIDEN NAME Margaret Gilbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo 0

17. INFORMANT (ADDRESS) Mrs Lottie Meyers Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 11-18 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J C Haley Jr Louisiana Mo

20. FILED 11/17 1938 J C Haley Jr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12-38, 19..., to 11-16-38, 19...
I last saw him alive on 11-16-38, 19... Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11-12-38
94a	
Other contributory causes of importance:	
Chronic Myocarditis	1937

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) R. L. Andrae, M. D.
(Address) Louisiana Mo

(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.
I X14028

RECEIVED
District Health Officer No. 10
District File Number 10-38-119
Date Filed 12/12/38

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.....

Licensed Embalmer No.....

P. O. Address.....

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.