

REC'D MAR 9 1939

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

6300
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township 1 Primary Registration District No. 3014 Registered No. 49
(c) City Jefferson City, Mo (d) Street No. 116 Forrest Hill St.
(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 John D Moore
(a) Residence, No. 116 Forrest Hill St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Janie Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1889
7. AGE YEARS 49 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. min. pp
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1939, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:
Nephritis, chr. interstitial Date of onset 12/1/39
Nemias
121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Iberia, La.

Other contributory causes of importance: _____

FATHER 13. NAME James Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation Nemias Date of _____
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

MOTHER 15. MAIDEN NAME Cornelia Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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.

17. INFORMANT (ADDRESS) Mrs. Janie Moore
116 Forrest Hill

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR OTHER FINAL PLACE Resurrection DATE Feb. 18, 1939

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Jones

(Signed) David Fisher, M. D.
(Address) Jeff City Mo

20. FILED 2/20/39 D. B. Spalding
Local Registrar.

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

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,

John F. Neunohs

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John F. Neunohs

Licensed Embalmer No.....

3655

P. O. Address.....

Jefferson City

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.