

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.

APR 19 1939

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

**11651**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County MORGAN Registration District No. 953  
 (b) Township MOREAU Primary Registration District No. 5793-13 No 2  
 (c) City Near Pleasant (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** 660 CHARLES M. MOORE

(a) Residence, No. MORGAN COUNTY 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** VIOLA INGE

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 13-1866

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<u>72</u>	<u>9</u>	<u>28</u>	

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

**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)** MORGAN COUNTY

**FATHER**

**13. NAME** Geo. M. MOORE

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Copper County, Mo

**MOTHER**

**15. MAIDEN NAME** MARGARETT JONES

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Morgan County, Mo

**17. INFORMANT (ADDRESS)** Mrs Elmer Vogt  
VERSAILLES, MISSOURI

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Akinsville, Mo DATE MARCH 3-1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** W. F. Kidwell  
VERSAILLES, Mo

**20. FILE** Mo 4 1939 Jenkins Copper  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** MARCH 2 1939

**22. I HEREBY CERTIFY** That I attended deceased from Feb. 26, 1939, to MARCH 2, 1939  
 I last saw him... alive on March 1, 1939. Death is said to have occurred on the date stated above, at 4:36 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia from Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 105

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) G. S. Wilson, M. D.  
Fontaine 9514  
 (Address) \_\_\_\_\_

RECEIVED

District Health Officer No. 7,

District File Number 7-39-834

Date Filed 7-14-29

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**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, .....

W. F. Kidwell

....., or by .....

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

Signed W. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles, 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.**