

1939 MAY 12

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

14489
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124
(b) Township White water Primary Registration District No. 3783
(c) City _____ (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

(a) Residence, No. _____ 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 M 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 Effie Giese Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1861
7. AGE YEARS 73 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Missouri

FATHER 13. NAME Wm Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Emley Stallen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT W. J. Moore (ADDRESS) Advance Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosmo Park DATE April 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. S. Banks 411 E. 2nd, Jackson Miss

20. FILED 4-14-39 D. G. Seibert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-21 1939 to 4-13 1939
I last saw him alive on 4-3 1939. Death is said to have occurred on the date stated above, at 9:27 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
Other contributory causes of importance:
① Gallstones Left Lung.
② possible malignancy

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ 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. Autopsy was Refused
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Arthur M. Cates M. D.
(Address) Jackson, Miss.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X14023

STATEMENT TO BE MADE BY THE EMBALMER
CERTIFICATE TO BE SIGNED BY HIM
AT THE TIME OF EMBALMING

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.