

1939 MAY 22 1939

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

15592  
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598  
 (b) Township Morgan Primary Registration District No. 7355 Registered No. 18  
 (c) City Versailles (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1000 Nelson Moore Versailles, Missouri St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Laura Patchiff  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 0 10  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABOR  
 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 Missouri

FATHER 13. NAME Frank Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Rachel Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Nelson Moore Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City DATE April 10-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Tidwell Versailles Mo

20. FILED 5/1 1939 Will F. Berry, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to April 8, 1939  
 I last saw him alive on April 8, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Asthma  
decompensation of heart & chronic Bronchitis  
 Date of onset 1925  
1939  
1937

Other contributory causes of importance: AS

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chuss 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) J. Loren Washburn M. D.  
Versailles Mo (Address)

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-712  
Date Filed 5-6-39

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, .....

Gene Bauman ....., or by .....

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

Signed Gene Bauman .....

Licensed Embalmer No. 4021 .....

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.