

REC'D AUG 17 1939

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

25935  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 02002  
 (c) City Jasper (d) Street No. 2102 Sargeant Registered by SF  
 (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 Albert Penn Moore  
 (a) Residence, No. 2102 Sargeant St. 79 up 8 in Jasper  
 (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 W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna P. Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1865  
 7. AGE YEARS 73 MONTHS 6 DAYS 27  
 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. grocer  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939  
 22. I HEREBY CERTIFY That I attended deceased from 6-1 1939 to 7-15 1939  
 I last saw him alive on 7-12 1939. Death is said to have occurred on the date stated above, at Jasper  
 The principal cause of death and related causes of importance were as follows:

Cardiome lung  
seemingly left over 4 1/2  
 Date of onset

Other contributory causes of importance:  
 Name of operation xyphoid Date of at Basin Hill St  
 What test confirmed diagnosis? xyphoid Was there an autopsy?  
 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  
 Was disease or injury in any way related to occupation of deceased?  
 No, specify  
 (Signed) [Signature] M. D.  
 (Address) 372

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moore Co  
Ind Co  
 13. NAME Dr. N. B. Moore  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesse  
 15. MAIDEN NAME Maude J. Wright  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
 17. INFORMANT (ADDRESS) Wife Mrs Anna Moore  
372  
 18. BURIAL OR CREMATION (ADDRESS) Ind  
 PLACE Ind DATE 7-15 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) [Signature]  
Jasper Mo  
 20. FILED 7-15 1939 Ed J. James  
 Local Registrar

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.

*Moore*

MAR 27 1942

RECEIVED

District Health Officer No. 6,

District File Number 839-1638

Date Filed AUG 10 1939

**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 *Henry K. [Signature]*

Licensed Embalmer No. 9-9

P. O. Address *[Signature]*

**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.**