WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D OCT 19 1939

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

33052
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan
(b) Township Mill Creek
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 9718
Primary Registration District No. 1578
Registered No.

2. PRINT FULL NAME Charly F. Moore
(a) Residence, No. 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~~) Ethel Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February, 22, 1901

7. AGE: Years 38 | Months 6 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk in Store
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) Sept., 16, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

FATHER
13. NAME Frank Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

MOTHER
15. MAIDEN NAME Mable Feland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

17. INFORMANT (ADDRESS) R. E. Douglass Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse DATE Sept, 19, 1939

19. FUNERAL DIRECTOR (NAME) James E. Richards (ADDRESS) Tipton Mo

20. FILED Sept 19 1939 O. E. Richards Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 16th, 1939, to Sept, 17th, 1939
I last saw him alive on Sept, 17th, 1939 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectorosis	

Other contributory causes of importance:

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Dick, M. D.
(Address) Syracuse Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1362
Date Filed 10-6-39

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, me

, or by

Registered Apprentice No., working under my personal supervision.

Signed Jennell E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.