

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

35595
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township 1 Primary Registration District No. 1001 Registered No. 1116
 (c) City St Joseph (d) Street No. 310 Virginia 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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 310 Virginia 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 ANNA MOORE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th 1861
 7. AGE YEARS 78 MONTHS 3 DAYS 21 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COOPER
 9. Industry or business in which work was done, as saw mill, bank, etc. ARMOUR & CO.
 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) LAFAYETTE, Ind.

FATHER 13. NAME Joseph Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAFAYETTE, Ind.

MOTHER 15. MAIDEN NAME MARY VAN KAMP

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAFAYETTE, Ind.

17. INFORMANT (NAME) (ADDRESS) Mrs. ANNA MOORE
310 Virginia St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL Park DATE Oct 31st 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC
1946 Calhoun St. Joseph, Mo

20. FILED Oct 30 1939 AD. nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 39 to Oct 24, 1939
 I last saw him alive on Oct 24, 1939 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
99
 Other contributory causes of importance: Arteriosclerosis
 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
 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) Thos Redmond M.D.
 (Address) 620 Dracus, St Joseph, Mo

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 CAREFULLY WITH WRITING INSTRUMENTS. THIS IS A PERMANENT RECORD

I X 14023

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 C. H. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph, 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.