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.

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

40408
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
(b) Township Polk
or
(c) City Maryville Mo
Registration District No. 625
Primary Registration District No. 3031
Registered No. 153
(d) Street No. St. Francis Hospital 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 Virgil Oscar 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 Vesta Hunt Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1895
7. AGE 44 YEARS 44 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Secy of Chamber of Commerce
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) La Mont Illinois

FATHER
13. NAME Alex M. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Flora Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) W L Moore Maryville La

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn Ravenwood Mo DATE 19

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home
(ADDRESS) 951 South Main Maryville Mo

20. FILED 11-25 1939 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1939, to 11-23 1939
I last saw him alive on 11-22 1939. Death is said to have occurred on the date stated above, at 4:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolist	11-18-39
Streptococcus Septicemia	
Acute Endocarditis	

Other contributory causes of importance: 91 a 2

Name of operation none Date of
What test confirmed diagnosis? Clinical Laboratory Was there an autopsy?

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 none
Nature of injury

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

(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Marysville Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.