

JAN 12 1940

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

43191
Do not use this space.

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 219
 (b) Township Kelly Primary Registration District No. 5299 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) Home in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Harold Moore
 (a) Residence, No. 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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 11 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo
 13. NAME Richard Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo
 15. MAIDEN NAME Ether Mann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Causedun Co Mo
 17. INFORMANT (ADDRESS) Richard Moore
Princeton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Mo DATE 3-8-39
 19. FUNERAL DIRECTOR (ADDRESS) none
 20. FILED 12-20-39 Ann Whitaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-39
 22. I HEREBY CERTIFY, That I attended deceased from 3-7-39 to 3-7-39, 19...
 I last saw h. at home on my arrival, 19... Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Influenza
Sput
Heart

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify at work (Signed) P. H. Wendt, M. D.
 (Address) Princeton Home 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.

RECEIVED
District Health Officer No. 8,
State File Number
Date Filed 1/11/40

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)