

1940 FEB 12 1940

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

1782
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127
(c) City or Washington (d) Street No. 69 Avrlawn Addition 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 56 yrs. 6 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nora Neal Moore
(a) Residence, No. 69 Avrlawn Addition 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 Female 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 Dyles Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife
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

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME Wm. M. Miller

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah C. Sullivan

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Dyles Moore (ADDRESS) 69 Avrlawn Add. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery PLACE St. Joseph, Mo. DATE Jan. 8, 1940

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan. 8, 1940 H. J. Neestler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1939, to 1-5, 1940

I last saw her alive on 1-5-40, 19..... Death is said to have occurred on the date stated above, at 3:30A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus & cervix

Other contributory causes of importance:

Coarctation
Anemia secondary

Name of operation none Date of.....
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) M. J. [Signature], M. D.
(Address) St. Joseph, Mo.

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

N. E.—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.

I X18605

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 *Robert P. Carlson*

Licensed Embalmer No. 4028

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.