

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7471

Registration District No. CHICAGO 39 1940

Primary Registration District No. 5787 B-B

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Bellflower Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 31 Years.  
years, months or days) 3

8. (a) PRINT FULL NAME Charles R Moore.

8. (b) If veteran, name war None 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Moore. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 11 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lincoln Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Ret Merchant

11. Industry or business Feed Store.

12. Name James Moore

18. Birthplace Lincoln Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Kiser

15. Birthplace Montgomery Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles R Moore

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 2-22-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Oland H Jones

(b) Address Bellflower Mo 607

19. (a) Feb 25 1940 (b) Mary Lou Plumer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
(c) City or town Bell Flower  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 20<sup>th</sup>  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug - 1934  
1934 to Feb. 20 1940  
that I last saw him alive on FEB 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 2/19/40

Due to Cerebral Apoplexy 2/24/40

Due to Arterio-sclerosis  
Chronic Interstitial nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature G. A. Van Arsdale (M. D. or other) DO.  
Address Montgomery City Date signed 2/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7010

SEVEN MONTHS

**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.....

Cedric K Jones.

Registered Apprentice No. 246

working under my personal supervision.

Signed

*Oland A Jones*

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7471  
Registrar's No. 6

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Registration District No. 389

Primary Registration District No. 37878

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Bellflower  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charles R Moore

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced..... m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name..... (City, town, or county) (State or foreign country)

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Feb. 22, 1940 (b) Mary Lou Plumer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Bellflower (If outside city or town limits write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years

20. DATE OF DEATH: Month Feb day 20 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A. H. Van Arsdale (Date or other)

Address Montgomery city Date signed.....

SUPPLEMENTARY

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

