

No. 2
-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12652

State File No. _____

Registration District No. 849

Primary Registration District No. 4674

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green Castle
(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 2 (Specify whether
In this community Life (Specify whether
years, months or days) 600

8. (a) PRINT FULL NAME Cora Bernice Moore

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

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

6. (b) Name of husband or wife Levi Moore 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 19 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Philo F. Terry

13. Birthplace Tomokin Co. New York
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Crawford

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

16. (a) Informant Mrs Carl Jorgensen

(b) Address Green Castle, Mo.

17. (a) Burial (b) Date thereof 3-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem

18. (a) Signature of funeral director Wm & Rest

(b) Address Green City, Mo

19. (a) April 1-4-40 (b) Virginia Gibson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Green Castle
(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 March day 20
year 1940 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1939
1939 to Mar 1940
that I last saw her alive on March 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Permeable Anemia

Due to _____

Due to MIU

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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

23. Signature R. R. Beeson M. D. or other 1

Address Kirkwood Mo Date signed 3/26/40

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

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

4-40-747

Date Filed

APR 2 1940

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

Archie W Wade

Licensed Embalmer No.

3037

P. O. Address

Green City

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.