

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **393**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2718 S. 22nd 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 years
years, months or days

3. (a) PRINT FULL NAME CHARLES P. MORAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Dora Moran 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. 4th 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 0 hr. min.

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

10. Usual occupation Painter & Paper Hanger

11. Industry or business

MOTHER FATHER { 12. Name John Moran
13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Morgan
15. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phillip Florine

(b) Address 2718 S. 22nd St. Joseph

17. (a) Burial (b) Date thereof April 6th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) April 6 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 2718 S. 22nd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 th.
year 1940 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 28 1940 to April 4 1940
that I last saw him alive on March 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 8 days

Due to Arteriosclerosis
Hypertension
chronic myocarditis

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

Major findings:

Of operations _____

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? _____

45 While at work? _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Central Bldg Date signed 4-6-40

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.....

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.