DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14859

Registration District No. 314 — Primary Registration District No. 4190 — Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry (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 60 years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town Stanberry (If outside city or town limits, write "RURAL")

(d) Street No. W. 3rd St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 63 years.

3. (a) PRINT FULL NAME John Albert Moore

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Mrs Martha Moore

6. (c) Age ~~of husband or~~ wife if alive 78 years

7. Birth date of deceased June (Month) 28 (Day) 1855 (Year)

8. AGE: Years 84 Months 9 Days 3 If less than one day ✓ hr. min.

9. Birthplace Cape Britain (City, town, or county) Nova Scotia (State or foreign country)

10. Usual occupation Banker and B & L Secy

11. Industry or business "

FATHER
12. Name Benjamin Moore
13. Birthplace (City, town, or county) Nova Scotia (State or foreign country)

MOTHER
14. Maiden name Susan Musgrave
15. Birthplace (City, town, or county) Nova Scotia (State or foreign country)

16. (a) Informant Mrs Martha Moore

(b) Address Stanberry MO

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

(c) Place: burial or cremation Stanberry MO

18. (a) Signature of funeral director Laton H. Phillips

(b) Address Stanberry MO

19. (a) 4/2/40 (Date received local registrar) (b) C. H. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1940 hour 5 minute 40 P M.

21. I hereby certify that I attended the deceased from Jan. 21, 1940, to Mar 31, 1940, that I last saw him alive on Mar 31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease.	
Due to Aggravated by fracture or right femur	
Due to A fall	
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) Accident

(b) Date of occurrence Jan 21 1940

(c) Where did injury occur? His home Stanberry (City or town) Gentry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At his home, fell down basement (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature J. J. Hinkley M.D. (M. D. or other)

Address Stanberry, Mo. Date signed Feb 2-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 540-62
Date Filed MAY 6 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~~ [redacted], Registered Apprentice No. ..... working under my personal supervision.

Signed Latony F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
I X22659

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(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.

3. (a) PRINT FULL NAME John Albert 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 Married

6. (b) Name of husband, or wife Martha Moore

6. (c) Age of husband, or wife, if alive 78 years

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

8. AGE: Years 84 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
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) 6/6/40 (Date received local registrar) (b) C. F. Bemar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1940 hour minute M.

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

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Immediate cause of death	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. D. Hinkley (M. D. or other)
Address Stanberry Mo Date signed

SUPPLEMENTARY

S-14859