

MAY 23 1940

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

16302

Do not use this space.

**1. PLACE OF DEATH**

(a) County Stoddard Registration District No. 938  
 (b) Township Liberty Primary Registration District No. 6098B  
 (c) City or Town                      (d) Street No.                      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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Marjorie Upal Moore

(a) Residence, No. Dudley, Mo. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.                       
 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) (STATE OR COUNTRY) Dudley, Mo.

FATHER 13. NAME Raymond Moore  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter, Mo.

MOTHER 15. MAIDEN NAME Gladsy Markham  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

17. INFORMANT Raymond Moore,  
 (ADDRESS) Dudley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arm. Dowdy Cem DATE 12/15/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland  
Dexter, Mo.

20. FILED 5/8 1940 Jennie Burton  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/39 19

22. I HEREBY CERTIFY, That I attended deceased from Unattended 19 to 19.

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 5:30 am

The principal cause of death and related causes of importance were as follows:

Statement - took with a cold probably bacterial pneumonia  
Weight about 3 lbs  
 Date of onset                     

Other contributory causes of importance: Practically pneumonia

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19

Where did injury occur?                      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
 Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                     

If so, specify                     , M. D.

(Signed) John Wilson  
755 (Address) Bloomfield, Mo

N. B.—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.

RECEIVED

District Health Officer No. 2,

District File Number 540-7824

Date Filed 5/10/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**