

FILED AUG 1 - 1940

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

24897
Do not use this space.

1. PLACE OF DEATH *Clark, Mo*
 (a) County *Clark* Registration District No. *192*
 (b) Township *Swet Home* Primary Registration District No. *5267*
 (c) City _____ (d) Street No. _____ Registered No. _____
 (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 *Jesse Franklin Moore*
 (a) Residence, No. *Revere Mo, Rural* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Lucy Moore*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 18 - 1863*
 7. AGE YEARS *77* MONTHS *2* DAYS *13* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 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) *Hamilton, Ill.*
 FATHER 13. NAME *John Moore*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hamilton, Ill.*
 MOTHER 15. MAIDEN NAME *Mary Scott*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*
 17. INFORMANT (ADDRESS) *Stella Wood, Revere, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Revere Mo* DATE *July 3, 1940*
 19. FUNERAL DIRECTOR (ADDRESS) *G. N. Epperhart, Revere, Mo*
 20. FILED *July 1, 1940* *J. L. McConnell, Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1, 1940*
 22. I HEREBY CERTIFY that I attended deceased from *Jan 1, 1939* to *July 1, 1940*
 I last saw him alive on *June 20, 1940* Death is said to have occurred on the date stated above, at *2:30 a. m.*
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
 Date of onset *12/1*
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? *NO*
 If so, specify _____
 (Signed) *J. L. McConnell, M. D.*
 (Address) *Revere 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. 10

District File Number *2-40-1594*

Date Filed *AUG 13 1940*

STATEMENT BY LICENSED EMBALMER

I, *G. H. Epperhart*, Licensed Embalmer No. *1802*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *my self*

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *G. H. Epperhart*
Licensed Embalmer No. *1802*

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.)