

FILED AUG 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25315

Registration District No. 384

Primary Registration District No. 4227

Registrar's No.

16
3
1

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

1. PLACE OF DEATH:

(a) County Hawes
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs
years, months or days)

3. (a) PRINT FULL NAME Henry Moore 600

3. (b) If veteran, name war Civil War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sarah C 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5-1842
(Month) (Day) (Year)

8. AGE: Years 98 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Theresa Moore

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

14. Maiden name Mary Berg

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

16. (a) Informant Sarah Moore

(b) Address West Plains, Mo

17. (a) Burial (b) Date thereof 7-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director W. J. Simmons

(b) Address West Plains, Mo

19. (a) 7-1-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hawes
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. 0 W. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1940 hour 12 minute 9.M.

21. I hereby certify that I attended the deceased from June 27, 1940 to June 30, 1940
that I last saw him alive on June 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephritis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy _____

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? 3411

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

23. Signature W. J. Simmons (M. D. or other) _____

Address West Plains, Mo. Date signed _____

Duration

175

17

PHYSICIAN

Underline the cause to which death should be charged statistically.

Moore

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 Lecothy J. Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo

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.