

NOV 20 1940

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

35857
Do not use this space.

1. PLACE OF DEATH

(a) County Montana Registration District No. 571
(b) Township Walker Primary Registration District No. 4335-
(c) City California (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

Warner Moore
(a) Residence, No. California no St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 13 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stock dealer
9. Industry or business in which work was done, as saw mill, bank, etc. Rice stock
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) Montana Co Mo

13. NAME Preley Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

15. MAIDEN NAME Nancy Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

17. INFORMANT (ADDRESS) Leonard Moore
California no

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 10/4 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hallgren & Friedman
California no

20. FILED 10-7-1940 W. R. Popejoy
Vital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1934 to Oct 2- 1940
I last saw him alive on Oct 2 1940 Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and myocardial degeneration (Not rheumatic) Cause unknown about 1 1/2 yrs duration
Date of onset Start approx 1939

Other contributory causes of importance: ASC

Name of operation none Date of _____

What test confirmed diagnosis? Physical exam 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? no
If so, specify _____ (Signed) L. L. Latham M. D.
(Address) California no

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.

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.....

H. E. Inducy

Licensed Embalmer No. *2854*

P. O. Address *California 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.