No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1940

State File No. 35995

Registration District No. 660 Primary Registration District No. 5875a Registrar's No.

1. PLACE OF DEATH:
(a) County Perry Saline
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 72-9-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marcellus Moore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie Moore
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. (Month) 23 (Day) 1867 (Year)
8. AGE: Years 72 Months 9 Days 0 If less than one day hr. min.
9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer 0
11. Industry or business 0
FATHER 12. Name Edward Moore
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Lorena Bishop
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant E. C. Moore
(b) Address Perryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Bess
(b) Address Perryville Mo
19. (a) Aug 24-1940 (Date received local registrar) Joe J. Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1940 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from 2-3-40, 19..., to 8-23-40, 19...; that I last saw him alive on 8-23-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr
Due to: Chr. myocarditis & Myocardial degeneration	3 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. pyelonephritis	5 yr
	20 yr

Major findings:
Of operations none
Of autopsy none

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 James J. Bredall (M. D. ~~or other~~)
Address Perryville, Mo Date signed 8-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 Edward L Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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, fact should be so stated above.