

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42541**
Registrar's No. **1016**

Registration District No. **318**

Primary Registration District No. **2001**

39
3
6

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

1. PLACE OF DEATH: **GREENE**
 (a) County **Springfield**
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **465 E. Monroe**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days **2**

3. (a) PRINT FULL NAME **Nora E. Moore**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Jasper A. Moore**
 6. (c) Age of husband or wife if alive **Dec. 1866**
 7. Birth date of deceased **February 14, 1866**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **5**
 If less than one day _____ hr. _____ min.

9. Birthplace **Paris Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Houswife**

11. Industry or business **In Home**

12. Name **Jackson Heat Simon**

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

14. Maiden name **Dorcas Curry**

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

16. (a) Informant **Miss Winnie Moore**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **12-22-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cemetery, Sudora, Mo.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-22-40** (b) **W. E. Handley M.D.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield,**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **465 E. Monroe**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**
 year **1940** hour **3** minute **45** P.M.

21. I hereby certify that I attended the deceased from **12/10/40**
 _____, 19____, to **12/19**, 19____;
 that I last saw her alive on **12/19**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris**

Due to _____

Due to _____

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

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?
Home

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

23. Signature **W. E. Handley M.D.** (M. D. or other) **M. D.**

Address **Springfield, Mo.** Date signed **12/21/40**

Duration **1 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

C. C. George, Registered Apprentice No. *204*

working under my personal supervision.

Signed.....

E. W. Thomas

Licensed Embalmer No.....

1767

P. O. Address.....

Springfield, 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.