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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

State File No. 42568

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 1044

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community ..... !

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. 2312 W. Kellet (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME RICHARD MOORE

3. (b) If veteran name war Infant

3. (c) Social Security No. Infant

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. (Month) 8 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	2	22	..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Ralph Moore
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary A. Sater
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ralph Moore
(b) Address 2312 W. Kellet

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Co

18. (a) Signature of funeral director W. Kinney & Co
(b) Address Springfield, Mo

19. (a) 1-4-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 12-26-1940, to 12-30-1940 that I last saw him alive on Dec. 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to No complication

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 W. Kinney (M. D. or other) 1
Address MD 12-1-30-1940 Date signed
Springfield Mo

(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 William Max Rhode

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.