

FILED FEB 18 1941

4562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 820Primary Registration District No. 6091Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Shelby
 (b) City or town Rural - Salt River Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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)

3. (a) PRINT FULL NAME Jessie Moores

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife husband Grant Moore 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased June 28 1877
(Month) (Day) (Year)8. AGE: Years 63 Months 4 Days 30 If less than one day hr. _____ min. _____9. Birthplace Adams County / Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Hiram Hunsaker
 { 18. Birthplace Adams County / Illinois
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Ann Lierle
 { 15. Birthplace Adams County / Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Steffen(b) Address Shelby, Mo.17. (a) Burial (b) Date thereof Jan. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shelby, Mo.18. (a) Signature of funeral director E. Hayes(b) Address Shelby, Mo.19. (a) Jan 29 41 (b) Ruth J. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Shelby / 02
 (c) City or town Rural / 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. East of Shelbina, Mo. / 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 11 minute 9 A.M.21. I hereby certify that I attended the deceased from Sept 30-40
_____ 1940, to Jan 20, 1941;
that I last saw h. EX alive on Jan 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

uremia / 3 daysDue to carcinoma of colon & bladder / 1 year

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy no

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? _____

749
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature R. L. Baldwin (M. D. or other) Do.Address Shelby, Mo. Date signed Jan 23 41

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

11-10-39
1-17-39
1 X214922
0
0

46

RECEIVED

District Health Officer No. 10

District File Number 2-41-306

Date Filed FEB 14 1941

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 _____

me, Registered Apprentice No. _____, working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelbina, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 830

Primary Registration District No. 6091

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Salt River T.P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days)

3. (a) PRINT FULL NAME Jessie Moores

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>3</u> min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

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

20. DATE OF DEATH: Month 1 day 20 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Carcinoma of colon and bladder

Due to Primary and Metastatic Alveolar carcinoma of colon.

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

Major findings: Of operations..... 46y

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?.....

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

23. Signature R. L. Caldwell (M. D. or other)

Address Salt River Date signed 4/10

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

