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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **68847**

FILED MAR 17 1941
Registration District No. **296**

Primary Registration District No. **5413 4180** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Union, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 James C. Moore
3. (b) If veteran, name war _____ **3. (c) Social Security No** 483-1224626

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased November 15 1919
(Month) (Day) (Year)

8. AGE: Years 20 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name James Moore
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Beulah White
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Clayton
(b) Address 7419 West 10th St.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 2/22/41
(Month) (Day) (Year)
(c) Place: burial or cremation Kennett Mo.

18. (a) Signature of funeral director E. S. Altman
(b) Address Union, Mo.

19. (a) 2-24-41 **(b) Louis T. Hawk, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin **36**
(c) City or town Kennett **5**
(If outside city or town limits write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 27
6 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture Spinal Column
Due to Basal fracture
Due to Crushed left jaw.
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident Auto
(b) Date of occurrence February 27 1941
(c) Where did injury occur Union Franklin Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Highway No. 50
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. S. Altman **Coroner**
Address Union, Missouri Date signed 2-22-41

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

36
5-
0

173

17 Dec 95

STATE BOARD OF EMERALD STATE BOARD OF EMERALD STATE BOARD OF EMERALD STATE BOARD OF EMERALD STATE BOARD OF EMERALD

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.....

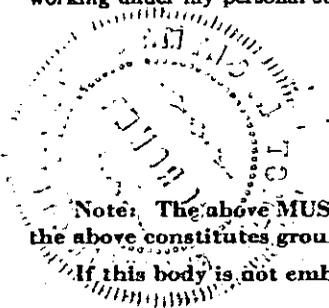
....., Registered Apprentice No.....

working under my personal supervision.

Signed E. H. Ottman

Licensed Embalmer No. 1686

P. O. Address Union 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6884
Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 296
Township Union Primary Registration District No. 4180 Registered No. _____
City Union (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) 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 James C. Moore

(a) Residence, 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 3 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fracture Spinal Column
Basal Fracture
Crushed left jaw
Other contributory causes of importance:
Car ran into tree along side of State Maintained Highway No 50.

Date of death Feb 22, 1941

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 2-22, 1941

Where did injury occur? Union (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public place

Nature of injury auto accident

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Eugene P. Ottmann M. D. Coroner

(Address) Gerald, Missouri

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

Eugene P. Ottmann (Coroner) Gerald, Mo

