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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14333

State File No. _____

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Missouri State Penitentiary 2
(If not in hospital or institution, write street number or location)

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

In this community Same

3. (a) PRINT FULLNAME ALLEN G. MOORE (50,811)

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 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 July 1st 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	9	6	_____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall W. Kelly, M.D.

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 8/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hicksville, Mo

18. (a) Signature of funeral director _____
(b) Address Thorpe J. Gordon

19. (a) 4-8-41 (b) Jefferson City, Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. State Penitentiary 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour 4 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from January 17, 1941 to April 7, 1941; that I last saw him alive on April 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Hypertrophy

Due to Pyelonephritis, Cystitis

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature Marshall W. Kelly (M.D. or other) _____
Address MARSHALL W. KELLY, M.D. Date dictated 8/21/41

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

MOTHER FATHER

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.....

Ferd P. Dulle

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

working under my personal supervision.

Signed: *Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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.