

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14443

Registration District No. 284

Primary Registration District No. 5404B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Holcomb Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 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 Life years, months or days

3. (a) PRINT FULL NAME JIREL HENRY MOORE

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

4. Sex male () 5. Color or race white 6. (a) Single, widowed, married, divorced. ()

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

7. Birth date of deceased. May 11 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name John Henry Moore
13. Birthplace mo (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Amie Hicks
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Father

(b) Address Holcomb Rural

17. (a) Burial (b) Date thereof 3-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lownd

18. (a) Signature of funeral director Lowndes Burial Society

(b) Address Campbell mo

19. (a) _____ (b) J. J. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin 35
(c) City or town Rural ()
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1941 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 3-6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death seemed to be calities

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? _____

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

23. Signature F. P. Bess, Justice (M. D. or other) 9

Address of the Peace Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 im-

RECEIVED

District Health Officer No. 2,

District File Number 541-507

Date Filed 5/8/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.