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DEPARTMENT OF COMMERCE FILLED JUN 19 1941 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

18684

State File No. \_\_\_\_\_

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 92

1. PLACE OF DEATH: Phelps

(a) County Phelps

(b) City or town Rolla Mo  
(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

2. USUAL RESIDENCE OF DECEASED: Phelps 8/

(a) State Mo (b) County Phelps 2

(c) City or town Rolla 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Mo 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Moses Fore

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

4. Sex mo 5. Color or race wh 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 Dec 19 1905  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 25 1941, to May 28 1941; that I last saw h. live on May 27 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

35 5 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

Immediate cause of death Pulmonary tuberculosis

Due to Chronic Alcoholism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Moses Fore

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

14. Maiden name Minnie Richardson

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

16. (a) Informant Minnie Fore  
(b) Address Rolla Mo

17. (a) Burial (b) Date thereon May 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Willson  
(b) Address Rolla Mo

19. (a) May 30, 1941 (b) Joe F. Ryan  
(Date received at local registrar) (Registrar's Signature)

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? \_\_\_\_\_

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

23. Signature W. H. ... (M. D. or other) \_\_\_\_\_

Address Rolla Mo Date signed 5-29-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 6411740

Date Filed \_\_\_\_\_

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 MM

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

S. L. [Signature]

Licensed Embalmer No.

3397

P. O. Address

Rolla - 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.