

FILLED JUL 19 1941

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

22933  
Do not use this space. 105

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 853  
(b) Township Liberty Primary Registration District No. 617 Registered No. 5  
(c) City Osgood, R. Ill. (d) Street No. 1 St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CHARLES EDWIN 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 11 13

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. farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Grundy Co Mo  
(STATE OR COUNTRY)

FATHER  
13. NAME J W Moore  
14. BIRTHPLACE (CITY OR TOWN) Grundy Co Mo  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Mary Vandeford  
16. BIRTHPLACE (CITY OR TOWN) Grundy Co Mo  
(STATE OR COUNTRY)

17. INFORMANT Clabe Moore  
(ADDRESS) Osgood Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Grove DATE July 1 1941

19. FUNERAL DIRECTOR (NAME) PK Paine  
(ADDRESS) Salt Mo

20. FILED July 1 1941 Mrs. Ruth Tucker  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1941

22. I HEREBY CERTIFY That I attended deceased from 1-14-1941 to 6-30-1941

I last saw him alive on 6-29-1941. Death is said

to have occurred on the date stated above, at 1230a.

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

Carcinoma prostate Date of onset 1 yr.

Other contributory causes of importance:

Toxemia

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) H. C. Weston M. D.

(Address) Salt, Mo.

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.

*Handwritten:*  
R. B. W.  
Liberty  
Street  
Baltimore

*Handwritten:* CHARLES EDWARD

*Handwritten:* 11 00

RECEIVED

District Health Officer No. 10

District File Number 7-41-1358

Date Filed JUL 18 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.....

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

working under my personal supervision.

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.