No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 19 1941

Registration District No. 86

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5127

State File No. 27873

Registrar's No. 17

11
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Route # 6 (Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanana

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Hayward Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July (Month) 2 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	15	hr. min.

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

10. Usual occupation Old Age Pension

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Julius Moore (Son)
(b) Address 214 Texas Ave., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon Cemetery

18. (a) Signature of funeral director John E. Kropp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 8/18/41 (Date received local registrar) (b) O. D. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1941 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 11, 1941, to Aug 11, 1941;
that I last saw him alive on Aug. 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	about 1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature W. A. Robertson (M. D. ~~or other~~)
Address 6210 1/2 King Hill ave. St Joseph Mo Date signed Aug 22/41

85 (Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.