No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32189

Registration District No. 651 Primary Registration District No. 5862 Registrar's No. 100

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

**1. PLACE OF DEATH:**
(a) County Pemiscot
(b) City or town R 1 ~~Caruthersville~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural "Little Prairie"
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community about 24 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Pemiscot
(c) City or town ~~Caruthersville Mo R 1~~ 078
(If outside city or town limits, write "RURAL")
(d) Street No. Rural "Little Prairie" 0
(If rural, give location)
R. No. 1
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dock Moore
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb-29-1860 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Miss (City, town, or county) 1 (State or foreign country)
10. Usual occupation Day Labor
11. Industry or business Farm
FATHER
12. Name Dont Know
13. Birthplace " " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Grover Lafferty
(b) Address Caruthersville Mo
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 9-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Ridge Cemetery
18. (a) Signature of funeral director H S Smith
(b) Address Caruthersville Mo
19. (a) Oct. 2, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9-30 day
year 1941 hour 3:00 minute A.M.
21. I hereby certify that I attended the deceased from July 20, 1940 to Sept 28, 1941
that I last saw him alive on Sept. 28, 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | 3 days |
| Due to | |
| Due to | |
| Other conditions Senility (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 94a | |
| 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 C. F. Caire (M. D. or other) Mrs.
Address Caruthersville Mo Date signed 9/30/41

(Licensed Embalmer's Statement on Reverse Side)

10-41-12

**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 Body was not embalmed, Registered Apprentice No. working under my personal supervision.

Signed James A Osborn

Licensed Embalmer No. 4185

P. O. Address Cambridge, Me

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

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