DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35704

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 7069

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

78
0
0

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Fur. (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 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville, (If outside city or town limits, write "RURAL") 0

(d) Street No. 1 mile West of Caruthersville (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALFRED JOSEPH MOORE

3. (b) If veteran, name war

3. (c) Social Security No. 498-14-8686

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Myrtle Moore

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 4, 1888 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

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

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

16. (a) Informant Myrtle Moore

(b) Address Caruthersville, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 10-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Parma, Mo.

18. (a) Signature of funeral director LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) 11/3/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1941 hour 9 minute PM.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack. fell dead while unloading gravel from truck

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

93 e

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? Yes (e) Means of injury

23. Signature Jules V. Moore (M. D. or other) 3

Address Coroner Date signed 10/31/41

946 (Licensed Embalmer's Statement on Reverse Side)

11-41-32

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: J. G. Scharman

Licensed Embalmer No. 4086

P. O. Address Courthousville, Mo

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.