. No. 2
-11-10-39
5-17-39
-1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941

Registration District No. 859

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36336

Primary Registration District No. 6130

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Rural - Oliver Twp

(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: 106

(a) State Missouri (b) County Taney

(c) City or town Rural - Oliver

(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 6

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

3. (a) PRINT FULL NAME EARNEST DARRELL MOORE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Oct (Month) 17 (Day) 1941 (Year)

8. AGE: Years ..... Months ..... Days 2 If less than one day 18 hr. 35 min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Earnest Amos Moore
13. Birthplace Taney Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ada Irene Hagood
15. Birthplace Stone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant E. A. Moore
(b) Address Branson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Swaff Cemetary

18. (a) Signature of funeral director Swaff
(b) Address .....

19. (a) 10-20-41 (Date received local registrar) (b) John H Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1941 hour 12 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 17, 1941, to Oct 20, 1941, that I last saw him alive on Oct 20th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Died unknown - Died with Sparms	1 Day
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 Harry T. Evans (M. D. or other) M.D.
Address Branson, Mo. Date signed 10/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1652
Date Filed NOV 5 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

S. No. 2B
1—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36 336

Registration District No. 859 Primary Registration District No. 6130 Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Taney

(b) City or town: Oliver / Twp.
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Earnest Darrell Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct. 17, 1941 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1941 hour minute M.

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: Died from Syphilis (Duration)

Due to: Child evidently was imperfectly developed internally

Due to: but as there was not autopsy I did not know what caused the death x

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

15 M

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: Harry T. Brown (M. D. or other) M.D.
Address: Branson, Mo. Date signed 12/3/41

SUPPLEMENTARY

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