DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7965

Registration District No. 796 — Primary Registration District No. 3038 — Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Five weeks (Specify whether years, months or days)

In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Saline

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

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

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

3. (a) PRINT FULL NAME: Clarence Moore

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-09-7355

4. Sex: Male

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Laura Moore

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Sept. (Month) 2nd (Day) 1907 (Year)

8. AGE: Years 34 | Months 5 | Days 25 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Laborer

11. Industry or business: Shoe Factory

FATHER
12. Name: John E. Moore
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Susie M. Thomas
15. Birthplace: (City, town, or county) Va. (State or foreign country)

16. (a) Informant's own signature: Edgar Moore

(b) Address: Slater Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3 (Month) -2 (Day) 1945 (Year)

(c) Place: burial or ~~cremation~~: Edwardsville Ill.

18. (a) Signature of funeral director: Hill Bros

(b) Address: Slater Mo.

19. (a) 2-28-42 (Date received local registrar) (b) Mrs T. O. Westhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1942 hour 7 Am minute ___ M.

21. I hereby certify that I attended the deceased from Dec 10, 1942, to Feb. 27, 1942; that I last saw him alive on Feb. 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	Feb 10
Due to: Bantis Disease	?
Due to:	
Other conditions: Syphilis (Include pregnancy within 6 months of death)	?

Major findings:
Of operations: 309
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. Knox M. D. (M. D. or other)

Address: Marshall, Mo. Date signed: Feb. 27 1942

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-12-42
MAR 29 1942

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater

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.