

S. No. 2
4-1-44-1
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10171**
Registrar's No. **40**

FILED APR 10 1942
Registration District No. **3**

Primary Registration District No. **3006**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10
2
4

1. PLACE OF DEATH:
(a) County **BOONE**
(b) City or town **COLUMBIA**
(c) Name of hospital or institution: **XX 409 So. GARTH, AVE.**
(d) Length of stay: In hospital or institution **1**
In this community **MOST OF LIFE**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI**
(b) County **BOONE**
(c) City or town **COLUMBIA**
(d) Street No. **409 SO. GARTH.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **CLIFFORD MOORE.**
(b) If veteran, name war **XX**
(c) Social Security No. **XX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APRIL** day **6th** year **1942** hour **12.30** minute **15** M.
21. I hereby certify that I attended the deceased from **March 3** **1942** to **April 6** **1942**
that I last saw him alive on **April 6** **1942**
and that death occurred on the date and hour stated above.

4. Sex **MALE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **MADGE MOORE.**
(c) Age of husband or wife if alive **29th** years **1883.**

Immediate cause of death **Coronary thrombosis**
Duration

7. Birth date of deceased **MARCH** (Month) **29th** (Day) **1883.** (Year)
8. AGE: Years **59** Months **0** Days **7** If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **94a**
Of autopsy

9. Birthplace **St. JOSEPH MISSOURI**
10. Usual occupation **POSTAL CLERK COLUMBIA, MO. P.O.**
11. Industry or business **SAME.**

MOTHER FATHER {
12. Name **John C. MOORE.**
13. Birthplace **Kentucky.**
14. Maiden name **RAXANE, JORDAN.**
15. Birthplace **KENTUCKY.**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. MADGE (CLIFFORD) MOORE.**
(b) Address **COLUMBIA, MO.**
17. (a) **BURIAL**
(b) Date thereof **1-8-1942.**
(c) Place: burial or cremation **Columbia, Mo. Cemetery.**
18. (a) Signature of funeral director **PARKER'S FUNERAL SER.**
(b) Address **COLUMBIA, MO.**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury

19. (a) **4-7-42** (Date received local registrar)
(b) **Edna H. Barber** (Registrar's signature)

23. Signature **E. J. Baskin** (M. D. or other) **M. D.**
Address **Columbia** Date signed **4/7/42**

1200 (Licensed Embalmer's Statement on Reverse Side)

APR 16 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

W. N. Whitfield

Licensed Embalmer No.

3893

P. O. Address

Columbia, Mo.

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, fact should be so stated above.