S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11175

Registration District No. 469 Primary Registration District No. 5633 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether

In this community 20 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Route 2 (If rural, give location) 005

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

If yes, name country

3. (a) PRINT FULL NAME Willie Fines Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosie Evans Moore

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased June (Month) 12 (Day) 1915 (Year)

8. AGE: Years 26 Months 9 Days If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lawrence Edmond Moore
13. Birthplace Dade County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Silvia Foster
15. Birthplace Barry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant E. McMichael Record Clerk

(b) Address Missouri State San.

17. (a) Monett (Burial, cremation, or removal) (b) Date thereof 3 (Month) 13 (Day) 42 (Year)

(c) Place: burial or cremation Near Rogers Ark

18. (a) Signature of funeral director Galloway Fine Home

(b) Address

19. (a) Mar 12-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12th year 1942 hour 11:45 minute a M.

21. I hereby certify that I attended the deceased from Feb 20th 1942 to Mar 12 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tbc. Duration Abt 2 yrs

Due to

Due to

Other conditions 13 b' (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 D

23. Signature James C. Brock (M. D. or other) M.D.

Address Mt Vernon Mo Date signed 3/12/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-456
Date Filed APR 9 1942

Crawford

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 J. R. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Houston 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.