

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

MAILED MAY 13 1942

Registration District No. 653

Primary Registration District No. 5264

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Netherlands, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ann's, Turb.
(If out in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Netherlands
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME FLORA BELLE MOORE

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Moore 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July 23, 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 30 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Marion Brownfield
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Melinda Gully
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Brownfield
(b) Address Netherlands, Mo.

17. (a) Burial (b) Date thereof 4-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dry Bayou Cem.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 4-23-42 (b) Ma. A. B. Shroy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22
year 1942 hour 11 minute 50A.

21. I hereby certify that I attended the deceased from 1-8-41
1942 to 4-22- 1942

that I last saw h. alive on 4-1- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary t. b. advanced Duration 3 yrs.?

Due to

Due to 1381

Other conditions (Include pregnancy within 3 months of death)

Major findings: Secondary disease PHYSICIAN

Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Asphire (M. D. or other)
Address Hayti, Mo. Date signed 4-23-42

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

5-42-15

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, fact should be so stated above.