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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 039-32

Registration District No. 9-1 Primary Registration District No. 6210 Registrar's No. 172

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

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural W Dallas
(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: Missouri (b) County: Webster
(c) City or town: Rural Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Benny Franklin 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: Married
6. (b) Name of ~~husband~~ or wife: Verna
6. (c) Age of ~~husband~~ or wife if alive: 41 years
7. Birth date of deceased: Mar. (Month) 10 (Day) 1901 (Year)
8. AGE: Years 41 Months 2 Days 11 If less than one day ____ hr. ____ min.
9. Birthplace: Hoxy (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER
12. Name: Benjamin Franklin Moore
13. Birthplace: Illinois (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name: Gibbs
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. B. F. Moore
(b) Address: Rogersville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: White Oak Cem.
18. (a) Signature of funeral director: Kelley and Ferrell
(b) Address: Rogersville, Mo
19. (a) May 27-1942 (Date received local registrar) (b) Susie D Beneli (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1942 hour 9 minute 2 A. M.
21. I hereby certify that I attended the deceased from May 7, 1942 to May 21, 1942 that I last saw him alive on May 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 108	
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? ____
While at work ____ (Specify type of place) (e) Means of injury ____
23. Signature: J. H. Wade M.D. (M. D. or other)
Address: Rogersville Mo. Date signed: 3/27/42

1041 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-752
Date Filed JUN 2 1942

Webster
Rural

Benny Franklin Moore

Male White Married
Verna

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 K. K. Kelley

Licensed Embalmer No. 3384

P. O. Address Seymour Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.