

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24170

Do not use this space.

1. PLACE OF DEATH
(a) County Crawford Registration District No. 231
(b) Township Union Primary Registration District No. 5314 Registered No.
(c) City Cuba Mo. (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Porter Deatler Moore
(a) Residence, No. St. Cuba Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M-O</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30. 1860</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>13</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmers</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DeCATUR Ill</u>		
FATHER	13. NAME <u>Garth Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary J. Madden</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>Viola Sharp</u> <u>Rt. 3, Cuba, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moss Cemetery</u> DATE <u>10/14/41</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Joseph Halloran</u> <u>Cuba, Mo.</u>		
20. FILED <u>12-5</u> 19 <u>41</u> <u>Orsibes</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1941, to Oct 13 1941.
I last saw him alive on Oct 10 1941. Death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of heart Date of onset 2 yrs

Other contributory causes of importance: 930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) R. G. Pansler, M. D.
(Address) Stuckville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 5,

District File Number 12412096

Date Filed _____

RECEIVED

District Health Officer No. 5,

District File Number 742461

Date Filed 8-6-42

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)