

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1942

Registration District No. 43

Primary Registration District No. 1000

Registrar's No. 839

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: St Joseph Hosp O
(d) Length of stay: In hospital or institution 38 Days
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 514 E Kansas
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nancy Moore
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 26 year 1942 hour 10 minute P M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Carl Moore
(c) Age of husband or wife if alive 6 years
7. Birth date of deceased: June 18 1899

21. I hereby certify that I attended the deceased from 8-26-42 to 8-26-42
that I last saw her alive on 8-26-42 and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic Myocarditis fractured right hip

8. AGE: Years 93 Months 2 Days 20 If less than one day hr. min.

Due to Chronic Myocarditis fractured right hip
Due to perile debility
Other conditions perile debility
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Mo
14. Maiden name Mo
15. Birthplace Mo

Major findings: Of operations None
Of autopsy None
PHYSICIAN None
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs George Casey
(b) Address St Joseph Missouri
(c) Place: burial or cremation Removal
(d) Date thereof Aug 29 1942
(e) Signature of funeral director Fleming & Son
(f) Address St Joseph Missouri
(g) Date received local registrar Aug 29 1942
(h) Registrar's signature Rose Hezog

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 131
(b) Date of occurrence 131
(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 None
23. Signature Charles W Kemmer (M. D. or other)
Address 331 N. Park

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

11
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7

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.....

Aug 26 42....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H. Hurley*.....

Licensed Embalmer No. *405-0*.....

P. O. Address *St Joseph 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26737
Registrar's No. 839

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 days
In this community 8 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nancy 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 W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 20 (If less than one day) min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration _____
fractured right hip 3 in

Due to _____
Due to _____

Other conditions: Senile debility
(Include pregnancy within 3 months of death)

Major findings: 186a
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) accident

(b) Date of occurrence June 7 - 1942

(c) Where did injury occur at Joseph Buchanan Mo (City, town) (County) (State)

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

23. By Charles H Warner (M. D. or other) Date 25 1942
Address 22 Kirkpatrick Bldg

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

SUPPLEMENTARY

