DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27528

State File No.

FILED AUG 29 1942

Registration District No. 4418170 · Primary Registration District No. 5626 · Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town ELDREDGE TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ELDREDGE / MO (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NEITHER (Specify whether In this community ALWAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BLUFFARD MOORE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 22 (Day) 1937 (Year)

8. AGE: Years 5 Months 5 Days 2 If less than one day hr. min.

9. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name ALBERT MOORE
13. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name CLEO MOSIER
15. Birthplace CAMDEN Co (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation PEASANT HILL CEM

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) July 24-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from April 30, 1942, to May 15, 1942, that I last saw him alive on May 15, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Osteoarcoma of the joints and bones

Due to: Tramatic injury I month previous to the above condition

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 053

(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

23. Signature O. L. Bohrer D.O. (M. D. or other)

Address Lebanon, Missouri Date signed 7/24

1070 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—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

Rev. 5-17-39 1 X19511

RECEIVED
Laclede Co. Health Dept.
~~District Health Officer~~ No.
~~District~~ File Number F-42116
Date Filed 8-27-42

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 Was not embalmed, Registered Apprentice No.,
working under my personal supervision.

Signed D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27528

Registration District No. 170 Primary Registration District No. 5626 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural
(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
In this community years, months or days)

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

3. (a) PRINT FULL NAME Bluffard Moore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 22 1937 (Month) (Day) (Year)
8. AGE: Years 5 Months 5 Days 5 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 24
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Osteoarcoma of the joints and bones	
Due to	
Due to Traumatic injury 1 mo. previous to the above condition	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1860
Of autopsy 18

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) a Fall
(b) Date of occurrence April 1942
(c) Where did injury occur? Public place Eldridge (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Eldridge Missouri (Specify type of place)
While at work? Play (e) Means of injury at hip.
23. Signature O. L. Bohrer (M. D. or other) D.O.
Address Lebanon Mo. Date signed