

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29696

FILE OCT 13 1942

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
603 6th. St. /
(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 Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 603 6th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Jeffery Moore

3. (b) If veteran, name war No 3. (c) Social Security No. 702-07-152

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Koennig Moore 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 12, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Locomotive Engineer

11. Industry or business Frisco R. R. Co.

MOTHER FATHER

12. Name Jeffery Moore
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Bridget O'Dwyer
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Moore

(b) Address 603 6th. St., Monett, Mo.

17. (a) Burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 9-30-1942 (b) Mrs. Geo. Harman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
year 1942 hour 12: minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1938, to Sept. 25, 1942, that I last saw him alive on Sept. 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Intestinal)

Due to _____

Due to 462

Other conditions Diabetes Mellitus.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation for hernia revealed carcinoma
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 _____

(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 W. O. J. [Signature] (M. D. or other)
Address 100-4th St. Monett, Mo. Date signed 9/29/42

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

F

RECEIVED

District Health Officer No. 6,

District File Number 1042-1474

Date Filed OCT 9 1942

MAY 31 1955

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.....

J. Buchanan

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Buchanan

..... Licensed Embalmer No. 3179

..... P. O. Address Monroeville, Pa.

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.