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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31669

FILED OCT 6 1942

Registration District No. 378 Primary Registration District No. 6-86 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural route # 3 Wood Dwg
(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 Wright

(c) City or town Rural Route # 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

114
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3. (a) PRINT FULL NAME William Jasper Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Moore

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan (Month) 30 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	1	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Huse Moore
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Miranda Sanders
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Everette Moore
(b) Address Mountain Grove Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mountain Valley Cem

18. (a) Signature of funeral director Chas Stepp
(b) Address Mountain Grove Missouri

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

1040

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour 2 minute 30 P. 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: Crushed Chest & Broken back	
Due to: being gored to death by a Bull	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

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 114

(b) Date of occurrence Aug 31 - 1942

(c) Where did injury occur? Farm Wright Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm (Specify type of place)

While at work? No (e) Means of injury Cows 3

23. Signature H. C. Stepp (M.D. or other)

Address Mansfield Mo Date signed Aug 31-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1419
Date Filed OCT 5 1942

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 [illegible]

Licensed Embalmer No. 3161

P. O. Address [illegible]

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.

S. No. 2B
—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31669

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Wright

(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 years, months or days)
In this community

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: Wm Jasper 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: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan 30 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (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) 10/26/42 (Date received local registrar) (b) Ruby N Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY