

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE VITALS
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 11 1942

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Forkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Green Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 99
(c) City or town Memphis (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Cass Moore

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Moore 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 7 1858 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 28 hr. min.

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

10. Usual occupation Contractor

11. Industry or business Brick & Concrete work

12. Name William C Moore

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

14. Maiden name Marta Matheson

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

16. (a) Informant George Moore

(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Mo

18. (a) Signature of funeral director Herth Basket

(b) Address Memphis Mo

19. (a) 11/5/42 (Date received local registrar) (b) Geo. J. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th year 1942 hour 5 minute 20 A M.

21. I hereby certify that I attended the deceased from September 29th 1942 to Oct 5 1942 that I last saw him alive on Oct 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 24 hrs

Due to Semility & postoperative shock

Due to Operation for cancer of prostate 10-3-42

Other conditions 51 lb (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of prostate Of autopsy 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD Address Forkville, Mo Date signed 10-5-42

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

WOW

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N 226 J

RECEIVED

District Health Officer No. 10

District File Number 11-42-2006

Date Filed NOV - 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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.