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M-9-4-41  
v. 5-17-39

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 11 1943 28

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40774

State File No. ....

Registrar's No. 949

Registration District No. ....

Primary Registration District No. 5465

1. PLACE OF DEATH: **GREENE**

(a) County: GREENE

(b) City or town: Rural N. Campbell  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Springfield Rt. 6  
(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: 39

(a) State: Missouri (b) County: Greene

(c) City or town: Rural N. Campbell  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ Rt. 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Jerry Dale Moore

3. (b) If veteran, name war: Child

3. (c) Social Security No.: Child

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1942 hour 9 minute 00 A.M.

4. Sex: Male 5. Color or race: White

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

6. (b) Name of husband or wife: Child

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

7. Birth date of deceased: April 10 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-26, 1942 to 12-31, 1942  
that I last saw him alive on 12-27, 1942  
and that death occurred on the date and hour stated above.

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

✓ 1	8	21	_____ hr. _____ min.
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Immediate cause of death: Acute Myocardial Infarction

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

1060

10. Usual occupation: Child

11. Industry or business: Child

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: Guy A. Moore

13. Birthplace: Webster Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Georgia Vinard

15. Birthplace: Greene Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Guy A. Moore

(b) Address: Springfield, Rt. 6

17. (a) Burial (b) Date thereof: 1-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Marshfield, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director: Dunn Funeral Home

(b) Address: Springfield, Mo.

19. (a) 1-2-43 (b) G. W. Handley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify means of injury)

23. Signature: Max [illegible] (M. D. or other) MD

Address: Springfield, Mo. Date signed: 12-31-42

987

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Body Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank Grable Jr.*.....

Licensed Embalmer No. *4140*.....

P. O. Address *Springfield, Ill*.....

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.