

FILED FEB 15 1943

State File No. _____

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 117

67
1
2

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
501 Market St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 501 Market St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Adolphus Moore

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1942 hour 4 minute 40A M.

21. I hereby certify that I attended the deceased from Oct 23
1942 to Oct 24 1942
that I last saw him alive on Oct 23 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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 November 22, 1875
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency Duration 1 da

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

66 11 2 hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired

11. Industry or business day laborer

MOTHER FATHER

12. Name John Moore

13. Birthplace Johnson County Ill
(City, town or county) (State or foreign country)

14. Maiden name Makala Obigail Gurley

15. Birthplace Johnson County Ill
(City, town or county) (State or foreign country)

16. (a) Informant William Stephens

(b) Address Charleston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-42
(Month) (Day) (Year)

(c) Place: burial or cremation Ch. Home - Charleston 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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director John F. Armel

(b) Address Charleston Mo

19. (a) 1-15/43 (Date received local registrar)

(b) D G Moore (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Paul S. Bann MO (M.D. or other)

Address Charleston Mo Date signed 10/24/42

1257

RECEIVED

District Health Office No. 2,

District File Number 248-227

Date Filed 2-8-43

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

John F. Nunnelee Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston 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, fact should be so stated above.