

S. No. 2
M-5-42
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9778

State File No. _____

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

FILED APR 8 1943

Registration District No. _____ Primary Registration District No. 405-6 4060 Registrar's No. 77 56

1. PLACE OF DEATH:

(a) County CALDWELL

(b) City or town BRECKENRIDGE
(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 2 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON

(c) City or town MOORESVILLE
(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 _____

3. (a) PRINT FULL NAME ELLENOR BURTON MOORE

3. (b) If veteran, name war 70

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1943 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 2nd 1943 to March. 19th 1943, that I last saw him alive on March, 19th 1943, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EDGAR MOORE

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

7. Birth date of deceased FEB 14 1853
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration 1 week

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>1</u>	<u>4</u>	_____ hr. _____ min.

Due to Chronic Interstitial nephritis,

Due to _____

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

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER

12. Name Steven Bennett

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

14. Maiden name Molly Burch

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

Major findings:
Of operations _____

Of autopsy 131a

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

16. (a) Informant ma E. D. Gray

(b) Address Breckenridge Mo

17. (a) Burial (b) Date thereof 3-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation moorville mo

18. (a) Signature of funeral director T. J. Cook

(b) Address Breckenridge Mo

19. (a) 3-18-1943 (b) E. A. Thompson
(Date received local registrar) (Registrar's signature)

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 A. P. Wises M.D. (M. D. or other)

Address Breckenridge, MO. Date signed 3/20

1151

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.....

T. Amick

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

T. Amick

Licensed Embalmer No. *1570*

P. O. Address..... *Breckinridge m*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 200-

Registration District No. 274

Primary Registration District No. 4056 4060

Registrar's No. 255

1. PLACE OF DEATH:

- (a) County Caldwell
(b) City or town Breakersville town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In daughter's home in Breakersville
(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 MO (b) County Linn
(c) City or town Moore'sville 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 Ellenor B. Moore
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex 3 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb 14
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 14 If less than one day..... min.
9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....
11. Industry of business.....
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1943 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19.....
that I have seen him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions..... (include pregnancy within 3 months of death)
Major findings:
Of operations.....
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

9778