S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10055

FILED APR 5 1943

Registration District No. 998 Primary Registration District No. 3617 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(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
In this community All of life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 629 Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Minnie Moore.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. L. Moore Sr.

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased October (Month) 3rd (Day) 1868 (Year)

8. AGE: Years 74 Months 5 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name Robert Morton.
13. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Parmelia Frances Orr
15. Birthplace Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Morton.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10th/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Roller
(b) Address Boonville, Mo.

19. (a) Mar-10-43 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 2 minute 45 p.m.

21. I hereby certify that I attended the deceased from April 1 1929 to Mar. 8 1943 that I last saw h. alive on Mar. 8 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	3 Months
Due to Dropsy	2 Years
Due to Colonic Infection	10 Years
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations 30 h

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) No
(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. S. McGuire (M. D. or other)
Address Boonville Mo. Date signed 3/10/43

1099 (Licensed Embalmer's Statement on Reverse Side)

District Registrar Number No. 8,

District File Number .....

Date Filed 4-2-43

APR 8 1943

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.