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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22594

FILED JUN 24 1943

Registration District No. 351

Primary Registration District No. 6189

Registrar's No. 10

1. PLACE OF DEATH:

(a) County TANEY

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

(c) Name of hospital or institution:
HOME /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 74 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

106
0
0

(a) State MO (b) County Taney

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

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 0 years.

3. (a) PRINT FULL NAME WILLIAM PATTERSON 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 MARTHA ADDELINE

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased OCT. (Month) 6 (Day) 1869 (Year)

8. AGE: Years 74 Months 4 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace TANEY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ____

FATHER
12. Name WILLIAM ELISHA MOORE
13. Birthplace ____ (City, town, or county) TENN. / (State or foreign country)

MOTHER
14. Maiden name MARTHA ANN HAWORTH
15. Birthplace ____ (City, town, or county) TENN. / (State or foreign country)

16. (a) Informant Ira Moore

(b) Address FORSYTH MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Forsyth

18. (a) Signature of funeral director R. O. Whitchel

(b) Address Branson MO

19. (a) May 5 1943 (Date received local registrar) (b) Jean Attie Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-9-43 ____, 19__, to 2-13-, 1943 that I last saw him alive on 2-13-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	6 years
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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) ____

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature L. W. Blanchard (M. D. or other)

Address Branson, Mo Date signed 2-25/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-698
Date Filed JUN 22 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 Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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, above space should be left blank.