

27656

No. 2  
-5-42  
-17-3  
X3377

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 9 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Mexico Rural #5-5  
(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 John Moore

3. (b) If veteran, name war. .... 3. (c) Social Security No. no

4. Sex male 5. Color or race Trace negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased August 11 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Moore  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ph. (John Moore)

(b) Address R.# 5, Mexico, Mo.

17. (a) Burial (b) Date thereof 8-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg Mo.

18. (a) Signature of funeral director Stewart P. Parker

(b) Address Columbia Missouri

19. (a) 8-11-1943 (b) E. Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 19,  
1943, to August 4, 1943;  
that I last saw him alive on August 4, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death in aortic  
res. pharygeal obstruction

Due to res. pharygeal obstruction  
Due to carcin. of stomach

Other conditions Ca of prostate  
(Include pregnancy within 3 months of death) 46 F

Major findings: Of operations 46 F  
Of autopsy subphrenic abscess

Duration 3 weeks

1 yr

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 D. J. V. Delmonico (M. D. or other) MD  
Address C. E. State Ca Hosp Date signed Aug 5

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

MOTHER FATHER

12 30

*Handwritten notes:*  
... ..  
... ..

**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 *Stuart P. Parker*.....

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.**