

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34488

NOV 6 1943

Registration District No. 71

Primary Registration District No. 3016

State File No.

Registrar's No. 223

## 1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 10 months  
years, months or days)

3. (a) PRINT FULL NAME Wiley Jones Moore

3. (b) If veteran, name war World War 1 & 2 No. 2  
3. (c) Social Security

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Moore 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 4 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 09 29 hr. min.

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

10. Usual occupation Soldier

## 11. Industry or business

12. Name Thomas R. Moore  
13. Birthplace Louisiana, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Watson  
15. Birthplace Louisiana, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant X. H. Schlopp  
(b) Address 6210 Devonshire, St. Louis,  
17. (a) Burial (b) Date thereof NOV-4-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director Thos. J. Gordon  
(b) Address Jefferson City, Missouri  
19. (a) 11-2-43 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1823 Georgia Street  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd  
year 1943 hour 12.05 minute A.M.

21. I hereby certify that I attended the deceased from Oct 21st  
1943 to Nov 2nd 1943  
that I last saw him alive on Nov 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions None of a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

## 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  
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 W. L. Gish M.D. (M. D. or other)  
Address 310 E. Capitol Date signed Nov 2-43

NOV 9 1948

NOV 9

MAY 21 1943

MAY 22 1945

### 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.....

*Louis Zuest*

Licensed Embalmer No.....

4096

P. O. Address.....

*Jefferson City*

**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.**