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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34527

Registration District No. 93 | Primary Registration District No. 5339 | Registrar's No. 94

1. PLACE OF DEATH:

(a) County ~~Greene~~ DADE CO.

(b) City or town Ash Grove R1D (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rock Prairie Twp. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 61 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Edward 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~~ 2

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

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

7. Birth date of deceased 11 (Month) 26 (Day) 1869 (Year)

8. AGE: Years 84 | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Illinois (unknown) 1 (~~City, town, or county~~) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Thomas Moore
13. Birthplace Iowa 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Haris
15. Birthplace M.O. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Florence Sullivan

(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sinking Creek

18. (a) Signature of funeral director Morris & Leiman

(b) Address Ash Grove Mo

19. (a) Sept 30 '43 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28 year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 26, 1943, to Sept 28, 1943, that I last saw him alive on Sept - 28th, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: a Probable Cerebral Hemorrhage	
Due to	
Due to	
Other conditions acute indigestion (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none Held

83a

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 Charles H McHaffie (M. D. ~~or other~~) M.D.

Address Ash Grove Mo. Date signed 9-30-1943

108

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1043-1205
Date Filed OCT 27 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 Mrs Maude O Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.