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M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4089
Registrar's No. 42

FILED JAN 12 1944

Registration District No. 58

Primary Registration District No. 4089

18
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren
(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 Life _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME CHARLES EUGENE MOORE

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wilma Moore 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb 22 1919
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Van Buren Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Fabrics

11. Industry or business _____

12. Name Walter Moore

13. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Kashner

15. Birthplace Carter Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Parks

(b) Address Van Buren Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 43
(Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Cemetery

18. (a) Signature of funeral director Phil A. Leuchel

(b) Address Van Buren Mo.

19. (a) Dec 31 1943 (Date received local registrar) Mrs. A. D. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter
(c) City or town Van Buren Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1943 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11-30 1943 to 12-30 1943
that I last saw him alive on 12-29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13 ft

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank J. Rucinski, M.D. (M. D. or other) D.O.
Address Van Buren Mo. Date signed Dec 31 1943

1078

RECEIVED
District Health Officer No. 6,

District File Number

14458

Date Filed

1-11-44

MAY 9 1944

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 12-30-4

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren M

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.