

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42873
Registrar's No. 136

Registration District No. 187

Primary Registration District No. 3040

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1521 Clay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Mooreville
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maud E. Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm. Riley Moore 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 5th. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Daniel Gorden

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Henretta Heck

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Blanch Williams

(b) Address Utica, Missouri.

17. (a) Burial (b) Date thereof 12-7-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mooreville Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Dec 7, 1943 (b) Lea Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th.
year 1943 hour 10:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov. 1
1943 to Dec 4 1943
that I last saw him alive on November 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast
Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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 [Signature] (M. D. or other) _____
Address Chillicothe Mo Date signed 2/6/43

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

MOTHER FATHER

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed..... E. R. Norman

Licensed Embalmer No. 2374.....

P. O. Address..... Chillicothe, 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.