

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45131

State File No.

FILED DEC 2 1943
Registration District No. 21212

Primary Registration District No. 4339

Registrar's No. 135-

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution:
COR. HICKORY & COMBS ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
35 YRS. (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

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

(d) Street No. COR. HICKORY & COMBS ST.
(If rural, give location)

(e) Citizen of foreign country? NOT NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIE SHEPARD MOORE

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 14
year 1943 hour 8 minute 55 P. M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced. MARRIED

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased APR. 20, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1943 to Nov 8 1943
that I last saw him alive on Nov 8 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>6</u>	<u>24</u>	hr. min.

Immediate cause of death Cerebral hemorrhage

Duration 10 hrs

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

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

10. Usual occupation SHOE REPAIRING

Major findings:
Of operations gja

11. Industry or business

12. Name JOHN L. MOORE

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

14. Maiden name MARTHA JANE HEDDEN

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

16. (a) Informant Mrs Cora Moore
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof Nov. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blaney
(b) Address PARIS, MO.

19. (a) NOV. 15, 1943 (b) W. M. Ruppel
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature W. M. Ruppel
Address PARIS, MO. Date signed 11-15-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-43-1989

Date Filed DEC 15 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..... *A. B. Blakey*.....
Licensed Embalmer No. 2616
P. O. Address..... PARIS, 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.