No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10553

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 14

(c) City or town Bowling Green R 3 1 (If outside city or town limits, write "RURAL") 2

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Lewis G Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mattie Gilliam Moore

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April (Month) 14 (Day) 1866 (Year)

8. AGE: Years 77 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ~~Levi Moore~~

FATHER
12. Name Levi Moore
13. Birthplace 51 (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Pauline Metley
15. Birthplace 51 (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Indian creek Pike Co

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo

19. (a) Feb 1-1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1944 hour 12-30 minute P M.

21. I hereby certify that I attended the deceased from 1-31- 1944 to 2-1- 1944 that I last saw him alive on 2-1- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93 el

Of autopsy

Duration

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 0

23. Signature George V. Lewis (M. D. or other) M.D.

Address Fulton Mo Date signed 2-1-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-15-44

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.