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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22263
82

Registration District No. 275 Primary Registration District No. ~~4942~~ Registrar's No.

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(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: 1 (Specify whether years, months or days)
In this community: 1 da.

2. USUAL RESIDENCE OF DEASCEASED:
(a) State: Mo (b) County: Phelps 81
(c) City or town: Rolla Rt. 1 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 4 Miles E. of Rolla
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Baby Moore
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 18 (Day) 1944 (Year)
8. AGE: Years — Months — Days — If less than one day: 1/2 hr. min.
9. Birthplace: Rolla (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: Wilfred E Moore
FATHER 13. Birthplace: Phelps Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER 14. Maiden name: Freda Hargis
MOTHER 15. Birthplace: Phelps Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Wilfred Moore
(b) Address: Rolla, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Rolla Cemetery
18. (a) Signature of funeral director: Floyd Smith
(b) Address: Rolla Mo
19. (a) 6-19-44 (Date received local registrar) (b) Ella Walker (Registrar's signature)

1,92

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-18-, 1944, to 6-18, 1944 that I last saw h alive on 4:00 A.M. 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity (7 mo)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: 0
23. Signature: E. E. Frank M.D. (M. D. or other)
Address: Rolla mo Date signed 6-19-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

This body was not Embalmed
A. J. Smith, director.
Funeral director.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

No. 2B
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural Rolla Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 1 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Baby 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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased June 18 1944
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 1 day min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J Ellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 18
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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