V. S. No. 2
0M—8-43
ev. 5-17-39
1 X37823

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

22317

State File No.

FILED JUL 11 1944

Registration District No. 2

Primary Registration District No. 3054

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural 0
(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 1

3. (a) PRINT FULL NAME Ira C. Moore

3. (b) If veteran, name war ✓

3. (c) Social Security No. 702-05-3907

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Susie

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

7. Birth date of deceased Feb (Month) 26th (Day) 1883 (Year)

8. AGE: Years 61 Months 3 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Fireman, Retired

11. Industry or business Wabash RR

FATHER
12. Name Wilson Moore
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Ceralda Roberts
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs. Susie Moore
(b) Address RFD Richmond, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 6-11-44 (Date received local registrar) (b) Irma Noel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1, 1944, to June 9, 1944 that I last saw him alive on June 9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 Eric Handler 0 (M. D. or other)

Address Wabash Hospital Moberly Date signed 6-11-44

1036 (Licensed Embalmer's Statement on Reverse Side)

AUG 7 1944

RECEIVED
District Health Officer No. 10
District File Number 7-44-12-46
Date Filed JUL 10 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.