V. S. No. 2
00M—5-43
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Ser. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 24220

Registrar's No. 240

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 1 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jeptha Benjaman Moore
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva Carr Moore
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan. 14, 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Pike Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Oliver Peter Moore
13. Birthplace Tyler Co. (City, town, or county) W. Va. (State or foreign country)
MOTHER 14. Maiden name Caroline Moore
15. Birthplace Tyler Co. (City, town, or county) W. Va. (State or foreign country)
16. (a) Informant Ralph Moore
(b) Address Naylor, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Naylor, Mo.
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo
19. (a) 7-24-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 12 1944 to July 12 1944
that I last saw him alive on July 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Asphyxiation
Due to Cardiac failure
Due to Cardio-Vascular renal disease.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 13/a
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 0
23. Signature A. D. Markel M.D. (M. D. or other)
Address Poplar Bluff Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 844-1029
Date Filed 8-3-44

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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor 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.