

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUL 29 1944
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24474**
 Registrar's No. **167**

Registration District No. **177** Primary Registration District No. **3016**

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

76
 51
 F

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Osage
 (c) City or town Linn (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If usual, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Patrick Moore
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18 1944
 year _____ hour _____ minute 6:10 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 1 1944 to July 18 1944
 that I last saw him alive on July 18 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Apr 22 1862
 (Month) (Day) (Year)

Immediate cause of death: Pneumonia Lobar bilateral
 Due to _____

8. AGE: Years 82 Months 2 Days 26 If less than one day _____ hr. _____ min.
 9. Birthplace Linn - Mo (City, town, or county) (State or foreign country)

Due to Infection of bladder & Prostate
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation School Teacher
 11. Industry or business _____
MOTHER FATHER
 12. Name Jesse Moore
 13. Birthplace Tenn (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Pardo Meera
 15. Birthplace Tenn (City, town, or county) (State or foreign country)

Major findings: Large Cystic Prostate
 Of operations _____
 Of autopsy 108

16. (a) Informant Wm J. Moore
 (b) Address St. Louis Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Linn - Mo

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? _____

18. (a) Signature of funeral director: Clyde Maston
 (b) Address Box 144 Linn - Mo
 19. (a) 7-19-44 (Date received local registrar) (b) Theresa Fichter (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature M R Aldridge (M. D. or other)
 Address July 18 44 J.C. Aldridge Date 7-19-44

Permit Signed by Dr. James A. Hill (Licensed Embalmer's Statement on Reverse Side) Deputy.

Duration 6 mo
Chr
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-27-44

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Leim 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.