S. No. 2
M—5-42
7. 5-17-39
I X32073

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27211

State File No.

Primary Registration District No. 3006

Registrar's No. 177

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

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

(d) Street No.: 820 N. Moniteau
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Lewis Moore

3. (b) If veteran, name war: unknown

3. (c) Social Security No. 435-12-3996

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: March (Month) 12 (Day) 1885 (Year)

8. AGE: Years 59 Months 4 Days 12 If less than one day: 11 hr. 25 min.

9. Birthplace: Raleigh, N. Car. (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation: common laborer

11. Industry or business: Coal heater; bridge construction

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

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

16. (a) Informant: hospital records

(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-194 (Month) (Day) (Year)

(c) Place: burial or cremation: Sedalia Mo.

18. (a) Signature of funeral director: F. Ferguson

(b) Address: Sedalia Mo.

19. (a) 7-26-1944 (Date received local registrar) (b) Edna W. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 11 minute 25 p.M.

21. I hereby certify that I attended the deceased from July 17, 1944, to July 25, 1944; that I last saw him alive on July 25, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 5 days

Due to: prostatic hypertrophy — 1 year plus

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: Benign prostatic hypertrophy.

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: J. Mayfield, M.D. (M. D. or other)

Address: Ellis Fischel State Cancer Hospital Date signed: 7-26-44

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-18-44

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Cedalia

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.