

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34564

State File No. _____

Registration District No. 767

Primary Registration District No. 4256

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country XXXX 0

3. (a) PRINT FULL NAME JAMES MONROE MOORE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,
year 1944 hour 4:45 minute P M.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Mary C. Moore

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 16, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 10th, 1944 to October 15, 1944; that I last saw him alive on October 15, 1944; and that death occurred on the date and hour stated above.

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

77	9	29	
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hr. min.

Immediate cause of death Cerebral thrombosis two days

Due to Acute enteritis five days

9. Birthplace unknown Kentucky!
(City, town, or county) (State or foreign country)

Due to Chronic pyelitis One year,

10. Usual occupation Photographer

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Photo

Major findings:
Of operations 83

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Warren Moore

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Capps

15. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Moore

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Oct. 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery.

18. (a) Signature of funeral director Canada and Ropp

(b) Address Holden, Missouri.

19. (a) 10-16-44 (b) Kathryn S. Canada
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature A. Thompson (M. D. or other) _____
Address Holden Mo Date signed 10-16-44

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

MOTHER FATHER

1002

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1962

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..... *M. G. Canaday*.....
Licensed Embalmer No. *3434*.....
P. O. Address *Holden, Me*.....

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.