

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945
Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40864

State File No. _____

Primary Registration District No. 407

Registrar's No. 59

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Edwards Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Conservation Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Edwards Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 116 W. Fields Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTIS E MOORE
3. (b) If veteran, name war No
3. (c) Social Security No. No

20. DATE OF DEATH: Month Dec day 10
year 1944 hour 5 minute 2 M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1944 to Dec 10 1944
that I last saw him alive on Dec 9th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 5 Days 17
If less than one day hr. min.

Immediate cause of death fall over dead; heart block?
Duration 1 mi

9. Birthplace Drum Co Wis
(City, town, or county) (State or foreign country)

Due to Arthritis 10 yrs
Due to Invalid 12 yrs assured all Man

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: 598

MOTHER FATHER {
11. Industry or business _____
12. Name Asa Moore
13. Birthplace Wis
(City, town, or county) (State or foreign country)
14. Maiden name Fancy Pooler
15. Birthplace Wis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Mable Mann
(b) Address 116 W Fields Blv, Edwards Spgs. Mo
17. (a) Burial (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edwards Cemetery
18. (a) Signature of funeral director Wm. Siders
(b) Address Edwards Spgs. Mo
19. (a) 12/10/44 (b) L. J. Downing
(Data 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 L. J. Downing M. D. or other _____
Address Edwards Spgs Date signed 12/10/44

104b

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

RECEIVED
District Health Officer No. 7,
District Health Officer 12-44-1547
1-13-45

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 *W. Brown*
Licensed Embalmer No. 2084
P. O. Address Edwards St. N.E.

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.