. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41989

FILED DEC 16 1944

Registration District No. 4

Primary Registration District No. 3054

Registrar's No. 231

**1. PLACE OF DEATH:**

(a) County Randolph

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

(c) Name of hospital or institution: 521 Taylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph

(c) City or town 521 Taylor. Moberly
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME John E. Moore

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Susie A. Moore

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

7. Birth date of deceased Feb. (Month) 18th (Day) 1882 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 62 | 8 | 27 | hr. min. |

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Euel Moore
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name No. data
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. J. E. Moore
(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 11-17-44 (Date received local registrar) (b) Irma Hale (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 15th year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June, 1944, to Nov. 15, 1944 that I last saw him alive on Nov. 16th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. E. Lensley (M. D. ~~or other~~)

Address Moberly, Mo. Date signed 11-17-44

(Licensed Embalmer's Statement on Reverse Side)

1036

RECEIVED
District Health Officer No. 10
District File Number 12-44-2005
Date Filed DEC 14 1944

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.**