. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10776

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hosp. 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: New Madrid
(a) State Missouri (b) County ~~Scott~~
(c) City or town Morehouse 12
(If outside city or town limits, write "RURAL")
(d) Street No. None 3
(If rural, give location) 0
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Eugene V. Moore
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 15 (Day) 1901 (Year)

8. AGE: Years 43 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Bloomfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Millworker
11. Industry or business
FATHER
12. Name Charley Moore
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Alice Rose
15. Birthplace Sharonectown, Ill (City, town, or county) 1 (State or foreign country)
16. (a) Informant Rosie Wright
(b) Address Morehouse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo.
19. (a) 3/14/45 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day Second year 1945 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 2-2, 1945, to 2-2, 1945; that I last saw him alive on 2-5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

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 0
23. Signature Dr Harris M D (M. D. or other)
Address Morehouse Mo Date signed 2-6-45

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-461
Date Filed 3/16/45

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 Alfred W. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff, 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.