

No. 2  
-5-43  
-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 1 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **14089**  
Registrar's No. **16**

Registration District No. **241** Primary Registration District No. **4360**

**1. PLACE OF DEATH:**  
 (a) County: Missouri, Madison  
 (b) City or town: Portageville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) **!**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME: William Harrison Moore  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-24-3443

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Rufus Moore 6. (c) Age of husband or wife if alive: 47 years  
 7. Birth date of deceased: April 9, 1888  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Day Laborer

11. Industry or business \_\_\_\_\_

12. Name: Frank Mason

13. Birthplace: unknown Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name: Mary Ann Siffert

15. Birthplace: unknown Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Mason

(b) Address: Portageville, Mo

17. (a) Burial (b) Date thereof: 3-21-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Portageville Cemetery

18. (a) Signature of funeral director: D. S. Sikes Funeral Home

(b) Address: Portageville, Mo

19. (a) 3-19-45 (b) Ellen M. DeSole  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State: Mo (b) County: New Madrid  
 (c) City or town: Portageville **72**  
 (If outside city or town limits, write "RURAL") **6**  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **6**  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar, 1945 day 19 Mar  
 year 1945 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 18, 1945 to Mar 19, 1945  
 that I last saw him alive on Mar 19, 45  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to: Endocarditis

Due to: \_\_\_\_\_

Other conditions: Paralysis of right leg in last illness  
 (Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_  
 Of autopsy: 92 e

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: 0

23. Signature: A. G. Risher (M. D. or other) \_\_\_\_\_

Address: Portageville, Mo Date signed: 3-20-45

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

260

RECEIVED

District Health Office No. 2,

District File Number 445-625

Date Filed APR 16 1945

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

*Leonard John Vargo*

Licensed Embalmer No. 4336

P. O. Address *Portageville, 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.