

No. 2
5-43
5-17-39
1 X 36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17329

State File No. _____

Registration District No. 383

Primary Registration District No. 5657

Registrar's No. 45-

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 366 days
(Specify whether
In this community 366 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No. 15 No. Boulevard 11
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Moore

3. (b) If veteran, name war no 3. (c) Social Security No. None known

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernest Moore 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 29th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 22 hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Borchelt

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Scholl

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (c) Removal (b) Date thereof May 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Geo. B. Orr

(b) Address 2217 Vernon Mo

19. (a) 5-23-46 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1945 hour 4:20 minute P M.

21. I hereby certify that I attended the deceased from May 20th 19 44 to May 21 19 45
that I last saw her alive on May 21 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt. 17 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 3/5
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 _____

23. Signature P. A. Brasher M.D. (Other) _____
Address Mt. Vernon, Mo Date signed 5-21-45

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

MOTHER FATHER

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 645-671

Date Filed JUN 8 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.....

George B Orr

Licensed Embalmer No. 946

P. O. Address.....
Mr Vernon M...

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.