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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 20614

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 107 Davis St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Oronogo (If outside city or town limits, write "RURAL") 0

(d) Street No.: 107 Davis St. (If rural, give location) 0

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Simeon Robert Moor

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Evaline Moor

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

7. Birth date of deceased: May (Month) 16 (Day) 1868 (Year)

8. AGE: Years 76 Months 1 Days 15 If less than one day: hr. min.

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

10. Usual occupation: Retired Miner

11. Industry or business:

FATHER 12. Name: Redfield Moor

FATHER 13. Birthplace: No Data (City, town, or county) (State or foreign country) 4

MOTHER 14. Maiden name: Sarsh Moore

MOTHER 15. Birthplace: No Data (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs Evaline Moor (wife)

(b) Address: 107 Davis St. Oronogo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Oronogo Cem.

18. (a) Signature of funeral director: Hedge Lewis F. Home

(b) Address: Webb City, Mo.

19. (a) July 3 1945 (Date received by local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 11, 1945, to June 30, 1945, that I last saw him alive on June 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	
probably with wide-spread metastases	2 yrs
Due to	
Due to	
Other conditions: Organic Heart disease (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations:
Of autopsy: H&P

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: Edward H. Kline (M. D. or other) M.D.

Address: Webb City, Mo. Date signed 7/2/45

11 50 (Licensed Embalmer's Statement on Reverse Side)

45-6-558

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 Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.