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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1945 STANDARD CERTIFICATE OF DEATH

State File No. 24569

FILED AUG 9

Registration District No. 253 Primary Registration District No. 3888 Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Graham (Rural -Hughes) Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3½ miles east 3
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1530 North Main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry Nicholas Moore
3. (b) If veteran, name war Spanish-American
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 Louisa Moore
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 20, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	16	hr. min.

9. Birthplace Freemont, Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name WM. Moore
13. Birthplace Norway (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Jensen
15. Birthplace Denmark (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Louisa Moore
(b) Address Maryville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 9, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery
18. (a) Signature of funeral director Robert W. Funeral Home
(b) Address Maryville Mo.
19. (a) July 9-45 (Date received local registrar) (b) Mrs John Hoffenthal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1945 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Not attended, 19..., to ..., 19...; that I last saw him alive on not seen, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Injuries - dislocation cervical spine and
Due to Crushed Chest region
heart.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no operations
Of autopsy no autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) accident 7
(b) Date of occurrence July 6th 1945
(c) Where did injury occur? Nodaway Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road - Highway (Specify type of place)
While at work? Driving (e) Means of injury Car collision
23. Signature L E Dean 3 (M. D. or other)
Address Maryville Mo. Coroner Date signed 7-8-45

1383 (Licensed Embalmer's Statement on Reverse Side)

MAR 25 1953

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 John W. Price

Licensed Embalmer No. 4261

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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.

Registration District No. 253 Primary Registration District No. 5858 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Rural Hughes Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Henry N. Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 20 (Day) 18 (Year)

8. AGE: Years 70 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July Day 4 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Truck Collided with Moores auto.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Collision with Truck.

(b) Date of occurrence July 6 - 1945

(c) Where did injury occur? Nodaway County Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? (e) Means of injury Collision with truck

23. Signature L. E. Dean - Coroner, (M. D. ~~or other~~)

Address Maryville Mo Date signed 8-11-45

SUPPLEMENTARY

S-24569
JUL 28 1945