

STANDARD CERTIFICATE OF DEATH

State File No. 27642

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
1710 Bird Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(d) Street No. 1710 Bird Avenue 5  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Dora Gertrude Moore

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased November 10, 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name not known  
13. Birthplace not known  
14. Maiden name not known  
15. Birthplace not known

16. (a) Informant Mrs. A. E. Schaefer  
(b) Address 1710 Bird, Joplin, Missouri

17. (a) burial (b) Date thereof 8/16/45  
(c) Place: burial or cremation Sarcophy, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8/16/45 (b) Ed. D. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1945 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 1-10-47 to 8-14-45  
that I last saw her alive on 8-13-45  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis with Cardiac Dilatation 7 yrs.

Due to: Hypertension - 4 yrs.  
Decompensation one month

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: Of autopsy: [Signature]

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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(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  
23. Signature: [Signature] (M. D. or other) Date signed 8/16/45

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

45-8-693

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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**