

S. No. 2
OM-2-43
v. 5-17-39
X35897

31204

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED SEP 28 1945

Registration District No. _____ Primary Registration District No. 3054

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

1. PLACE OF DEATH: Pike
(a) County _____
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Springs Hospital
(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 Mo (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. 311 South Main /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Levi Ellsworth Moore
(b) If veteran, name war L
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12
year 1945 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug 11
1945, to Aug 12 1945
that I last saw him alive on Aug 12 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Lillie May Moore
(c) Age of husband or wife if alive Deceased years

Immediate cause of death: Carcinoma of prostate
Due to _____
Due to _____

7. Birth date of deceased: April 18 1866
(Month) (Day) (Year)
8. AGE: Years 79 Months 3 Days 24
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 5/11
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
9. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM
12. Name Elston Moore
13. Birthplace "unknown"
(City, town, or county) (State or foreign country)
14. Maiden name CAROLINA (?)
15. Birthplace "unknown"
(City, town, or county) (State or foreign country)
16. (a) Informant Elma Moore
(b) Address 311 So. Main St Louisiana, Mo.
17. (a) BURIAL (b) Date thereof 8/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director J. H. Haly
(b) Address Louisiana, Mo.
19. (a) 8-13-45 (b) J. H. Haly
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature J. H. Haly (M. D. or other) 250
Address Louisiana, Mo. Date signed 8/13/45

RECEIVED

District Health Officer No. 10

District File Number 9-45-1419

Date Filed SEP 17 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.....

George O. Wagner, Registered Apprentice No.
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3473

P. O. Address Louisiana, 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.