. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33392

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 341

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (Specify whether
In this community 12 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Brewer Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Felix Ernst Moore
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah G. Moore
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August (Month) 31 (Day) 1870 (Year)
8. AGE: Years 75 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William D. Moore
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Ann Taylor
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Sarah G. Moore
(b) Address Brewer Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 10-25-45 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1945 hour 1 minute 15 A M.
21. I hereby certify that I attended the deceased from Oct 18 1945 to 19 ; that I last saw him alive on Oct 18 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr myocarditis	
Due to Chr Uremia	
Acidosis — Toxic psychosis	?
Due to Prostatic obstruction	
Other conditions (Include pregnancy within 3 months of death)	93d

Major findings:
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?
While at work? (Specify type of place) (e) Means of Injury 0
23. Signature Paul B Nussbaum (M. D. or other) MD
Address Cape Girardeau Mo Date signed 10-24-45

1509 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 114 S - 126

Date Filed 11-6-45

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.