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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Busick 33776 ✓

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 784

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 712 N. Broadway / (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 Missouri (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 712 N. Broadway (If rural, give location) 6

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

If yes, name country

3. (a) PRINT FULL NAME James E. Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Oct. (Month) 20, (Day) 1940 (Year)

8. AGE: Years 4 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Henry E. Moore
13. Birthplace Rogersville (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Henry E. Moore

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/45 (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-3-45 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1945 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 10-2- 1945, to 10-2 1945 that I last saw him alive on 10-2- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diphtheria (Laryngeal & pharyngeal)	5d.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 10	

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

23. Signature Urban Busick (M. D. or other)

Address Springfield Mo Date signed 10-3-45

78 X (Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamelo

Licensed Embalmer No. 3808

P. O. Address Springfield 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.

X