

No. 2
-5-43
-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34277

FILED NOV 2 1945

State File No. _____
Registrar's No. 4

Registration District No. 252 Primary Registration District No. 4382

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Parnell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Most all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Parnell 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural west 4 1/2 miles 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Emery Moore
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 7th
year 1945 hour 5 minute _____ 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.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nora Moore
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July - 5 - 1885
(Month) (Day) (Year)

Immediate cause of death Coronary embolism
Due to Coronary arteriosclerosis
Duration died suddenly

8. AGE: Years 62 Months 3 Days 7
If less than one day hr. _____ min. _____

Due to Chronic Valvular disease of heart
Other conditions: found dead in field
No indications of suicide or homicide
Major findings: _____
Of operations: no operations
Of autopsy: no autopsy

9. Birthplace Parnell Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

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) _____
(e) Means of injury _____

11. Industry or business _____
12. Name Delbert Moore
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Winkler
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Moore
(b) Address Parnell Mo
17. (a) Burial (b) Date thereof 10-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Hill, Parnell Mo

18. (a) Signature of funeral director Carlyle Funeral Home
(b) Address Maryville Mo
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature L.E. Dean Coroner (M. D. or other) MD
Address Maryville Mo Date signed 10-8-45

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

MOTHER FATHER

1572

(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..... *W. Sean Campbell*
Licensed Embalmer No..... *2630*
P. O. Address..... *Marville 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.

Registration District No. 252 Primary Registration District No. 4382

1. PLACE OF DEATH:
(a) County nodaway
(b) City or town Parrell
(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 Lewis E. Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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 July 5
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 62 Months 3 Days _____ (Unless than one day) min. _____
9. Birthplace (City, town, or county) _____ (State or foreign country) MO

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 _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country)

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 10-15-45 (b) Geo. Neffern
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

34277