V. S. No. 2
00M—5143
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37083

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cresnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 705 - Baldwin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLETTE JO MOORE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept. (Month) 23 (Day) 1945 (Year)
8. AGE: Years 0 Months 0 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace Kennett (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
12. Name Richard N. Moore (Father)
13. Birthplace Kennett (City, town, or county) Mo. (State or foreign country)
14. Maiden name Delva Myrtle Jackson (Mother)
15. Birthplace Dyersburg (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant R. H. Moore
(b) Address Kennett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director Gene Bolmon
(b) Address Kennett, Mo.
19. (a) 10-15-1945 (Date received local registrar) (b) Carl Thurbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1945 hour 12 minute 34 p. M.
21. I hereby certify that I attended the deceased from 9-23, 1945 to 10-11, 1945 that I last saw h. ER alive on 10-11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (bronchial)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. C. Wilson (M. D. or other) MD
Address Kennett, Mo. Date signed 10-12-45

1548 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3221
Date Filed 11-8-45

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 L. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.