No. 2
—8-43
5-17-39
I X37823

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. 37403

Registration District No. 145 Primary Registration District No. 5566 Registrar's No.

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Graniteville 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Dewey Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Mary Alice Moore

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

7. Birth date of deceased Jan (Month) 1900 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Graniteville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation granite cutter

11. Industry or business

FATHER
12. Name John H. Moore
13. Birthplace Irondale Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martena McMullen
15. Birthplace Centerville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sybil Smith
(b) Address Jackson City Tenn

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graniteville Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Ironton Mo.

19. (a) Oct 27-1945 (Date received local registrar) (b) Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1945 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 12, 1945, to Oct 22, 1945; that I last saw him alive on Oct 22, 1945; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations None
Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 George M. Moore (M. D. or other)
Address Ironton Mo. Date signed 10-26-45

1059 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1145-1341
Date Filed 11-26-45

DEC 1 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Arcel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 145 Primary Registration District No. 5566 Registrar's No.

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Graniteville
(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 years, months or days)
In this community

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 George D. Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) (Day) 1900 (Year)

8. AGE: Years Months Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Pneumonia Lobar

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
Address

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

37403