S. No. 2
M—2-43
. 5-17-39
A I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41328

State File No.

FILED JAN 25 1946

Registration District No. Primary Registration District No. 8023 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
518 South Orchard St. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

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

(d) Street No. 518 South Orchard St 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Moore

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife James R Moore

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 20 (Day) 1886 (Year)

8. AGE: Years 59 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John B Harding
13. Birthplace Quincy (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Minnie Fotz
15. Birthplace Evansville (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Mrs W. B. Lane
(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-45 (Month) (Day) (Year)
(c) Place: Burial or cremation Engelwood Clinton Mo

18. (a) Signature of funeral director [illegible]
(b) Address Clinton Mo.

19. (a) 12-11-45 (Date received local registrar) (b) R.R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1945 hour 12 minute midnight A.M.

21. I hereby certify that I attended the deceased from 12-21, 1944 to 12-7, 1945 that I last saw h. alive on 12-7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary thrombosis 9 hrs.

Due to Bundle Branch Block 6 yrs

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 R J Powell M.D. (M.D. or other)
Address 12-11-45 Date signed Clinton Mo.

1452

(Licensed Embalmer's Statement on Reverse Side)

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

12-40-1252

Date Filed 1-3-46

JAN 7 1946

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. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.