

FILED JAN 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
803 E. Chestnut St./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 E. Chestnut St. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin Moore

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 2-5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Malinda Moore  
6. (c) Age of husband or wife if alive ---- years  
7. Birth date of deceased August 2 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	27	hr. min.

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

10. Usual occupation retired janitor

MOTHER FATHER

11. Industry or business -----  
12. Name Jerry Moore  
13. Birthplace unknown Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Edythe Moore  
(b) Address 803 E. Chestnut, Carthage  
burial (c) Date thereof Dec 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cedar Hill Cemetery  
Knell Mortuary

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Carthage, Mo.  
19. (a) 12-31-45 (b) L. B. Clements  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1945 hour 2:35 minute p. M.

21. I hereby certify that I attended the deceased from Dec 24, 1945 to Dec 29, 1945;  
that I last saw him alive on Dec 29, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death the myocardium  
Duration Year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
930

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

23. Signature J. B. Clements (M. D. or other)  
Address Carthage Mo. Date signed Dec 31-45

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

45-12-1001

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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.....

*Frank Kuehl*

Registered Apprentice No. 379

working under my personal supervision.

Signed.....

*Emm L. Stueck*

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**