

S. No. 2  
OM-2-43  
v. 5-17-39  
PI X35897

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

State File No. **41499**

Registration District No. 106 Primary Registration District No. 6001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution 7 the Schifferdecker AAA Cabins  
(d) Length of stay: In hospital or institution 2 days  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Jasper  
(c) City or town Ottawa  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eli Benjamin Moore  
3. (b) If veteran, name war no 3. (c) Social Security No. 165-14-6151

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec., day 3, 1945  
year \_\_\_\_\_ hour 8-00 P.M. minute \_\_\_\_\_ M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Judith Moore 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Aug. 16, 1898

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him/her alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
47 3 17 hr. min.

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Paola Kansas  
10. Usual occupation Sales man Meredith  
11. Industry or business Pub. Co; Des Moines Ia.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Moore  
13. Birthplace Kansas  
14. Maiden name Ida Nieswander  
15. Birthplace Kansas

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

16. (a) Informant Mrs B Moore  
(b) Address Ottawa Kansas, 720 S. Sycamore  
17. (a) removal (b) Date thereof Dec. 4 45  
(c) Place: burial or cremation Ottawa Kansas

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin Mo.  
19. (a) 12-4-45 (b) [Signature]

While at work? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 2114 Joplin Date signed 12/4/45

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

9  
2  
5

45-12-276

**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

*Paul K. Schubert*

Licensed Embalmer No.

*959*

P. O. Address

*John Hill*

**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.**