

S. No. 2
DOM-5-43
ev. 5-17-39
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42035

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

State File No. _____
Registrar's No. _____

Registration District No. 257 Primary Registration District No. 5-880 4389

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Linn
(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 James Arthur Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-01-5213

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December Day 23rd, year 1945 hour 1 minute 30 a.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilma E. Moore 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct 13th, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-4-40 to 12-22-45 1940,
that I last saw him alive on 12-22-46 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 2 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death: Bilateral Bronchial Pneumonia
Due to Chronic suppurative
degeneration, treated
Other conditions: _____
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations _____
Of autopsy 93d

10. Usual occupation Foreman (Highway)
11. Industry or business _____
12. Name Chas Moore
13. Birthplace Linn Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dora G. Godat
15. Birthplace Richwood, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma E. Moore
(b) Address Linn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/45
(Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetary

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? _____

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) 12/28/45 (Date received local registrar) (b) J. A. Dubrowillet (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature J. A. Dubrowillet (M. D. or other) 12/26/45
Address Jefferson City Mo. Date signed _____

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

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-4-46

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.