S. No. 2
1—8-43
5-17-39
P I X37823

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

FILED FEB 13 1946

State File No. 2365

Registration District No. 52 Primary Registration District No. 4078 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Delta
(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
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau 16
(c) City or town Delta 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME James Alfred Moore
3. (b) If veteran, name war ✓
3. (c) Social Security No. 702-09-5310
4. Sex Makes
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Moore
6. (c) Age of husband or wife if alive Don't Know years
7. Birth date of deceased Feb. (Month) 24 (Day) 1874 (Year)

8. AGE: Years 71 Months 10 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Green Co (City, town, or county) Ky (State or foreign country)
10. Usual occupation Retired Section Foreman
11. Industry or business Cotton Belt RR
FATHER
12. Name Joe Moore
13. Birthplace — (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Sarah Bowman
15. Birthplace — (City, town, or county) Ky (State or foreign country)
16. (a) Informant Clyde Moore
(b) Address Malden, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Kynion Cape Co Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo
19. (a) 1-12-46 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1946 hour 11 minute -0 M.
21. I hereby certify that I attended the deceased from June 5 1945, 1945, to Jan 6, 1945 that I last saw him alive on Jan 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Angina of Coronary
Due to Coronary thrombosis
Due to
Other conditions high blood pressure
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 94a

Duration: About a year

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? no (e) Means of injury
23. Signature W W Davault (M. D. or other) MD
Address Allenville Mo Date signed Jan 7-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 246-1753

Date Filed 2-11-46

FEB 18 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 Mamie Beepling Huff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.