

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

2736

FILED JAN 26 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 State File No. Registrar's No. 17

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution 423 W Locust 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 26 W Campbell St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALICE JUNE MOORE

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dale Moore 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased December 24, 1928

8. AGE: Years 17 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Hartsville Missouri

10. Usual occupation Housewife

11. Industry or business Home

12. Name Clarence Young

13. Birthplace UNK.

14. Maiden name UNK.

15. Birthplace UNK.

16. (a) Informant Clarence Young

(b) Address 626 N. Campbell St. Springfield, Mo.

17. (a) Burial (b) Date thereof 1-7-46

(c) Place: burial or cremation HARTVILLE, Mo.

18. (a) Signature of funeral director HOLDREN FUNERAL HOME

(b) Address HARTVILLE, Mo.

19. (a) 1-15-46 (b) H. S. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 5 Year 1946 hour 12:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-3-1945 to 1-5-1946
that I last saw her alive on 12-27-1945
and that death occurred on the date and hour stated above.

Immediate cause of death probable coronary infarction
dropped dead

Due to Pneumonia heart disease (severe) central insufficiency + stenosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration _____ 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) _____ 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? _____

Home (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature W. Roland Jorgensen (M. D. or other) _____ Address Springfield Mo Date signed 1/15/46

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X