

FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 45

1. PLACE OF DEATH

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2nd Locust St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Frank Moore

3. (b) If veteran, name war L 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Moore 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 11 (Month) (Day) (Year) 1873

8. AGE: Years 72 Months 9 Days 19 If less than one day hr. _____ min. _____

9. Birthplace De Kalb Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business _____

12. Name Wm Moore
13. Birthplace De Kalb Co (City, town, or county) MO (State or foreign country)
14. Maiden name Polly Whitaker
15. Birthplace Mo'ricord (City, town, or county) 9 (State or foreign country)

16. (a) Informant Man Ella Moore
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Christian Chapel Cemetery

18. (a) Signature of funeral director Blond Funeral Home

(b) Address Cameron

19. (a) May 3, 1946 (Date received local registrar) (b) Mrs Ray Emily evater (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd Locust 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 22 April
19 46 to 30 April 19 46
that I last saw him alive on 29 April 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Varicose heart disease & decompensation Under

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury 1

Signature W. D. Kimes (M. D. or other)
Address Cameron, MO Date signed 30 April 46

MAY 16 1948

4-7-46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Samuel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.