V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 373

Registration District No. 43 Primary Registration District No. B007 Registrar's No. 41

2
7
3

1. PLACE OF DEATH:

(a) County 5 Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town Bernie
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elija Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pearl Moore

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 15 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	18	hr. min.

9. Birthplace Dexter, Stoddard Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Auctioneer

11. Industry or business

FATHER
12. Name Jesse Moore 1
13. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Cunningham
15. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Nichols
(b) Address Dexter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Missouri

18. (a) Signature of funeral director Robert E. Lee
(b) Address Bernie, Missouri

19. (a) 1-23-47 (Date received local registrar) (b) R W Smythe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1947 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from 12/17/46, 19..., to 1/3/47, 19...; that I last saw him alive on 1/3/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion	Duration
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. W. McDaniel (M. D. or other)
Address Poplar Bluff, Missouri Date signed 1/11/46

31

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-136
Date Filed 1-30-47

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 J. G. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden

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.