

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16433**

FILED MAY 21 1947

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **28**

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Bates** **7**
 (c) City or town **Butler** /
(If outside city or town limits, write "RURAL")
 (d) Street No. **South Delaware** /
(If rural, give location)
 (e) Citizen of foreign country? **Mo** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alexander H. Moore**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S** **U**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **March 15, 1872** years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Henry Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **William Moore**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancey J. Gray**

15. Birthplace **Mo.** **U**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Woodfin**

(b) Address **Garden City, Missouri**

17. (a) Burial **3-19-47**
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Rogers Cem. Bates Co.**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler, Missouri**

19. (a) 3-19-47 **(b) Kendall Perry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**
 year **1947** hour **3:00** minute **A** M.
21. I hereby certify that I attended the deceased from **Death on arrival** 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
 Due to **Chronic Myocarditis**
 Due to _____

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

Major findings: Of operations _____
 Of autopsy **930**

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 **3**
23. Signature **John H. Underwood** **Coroner**
(M. D. or other)
 Address **Butler, Missouri** Date signed **3-18-47**

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 4-47-613
Date Filed 5-20-47

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.....

Samuel D. Book

Registered Apprentice No. *471*

working under my personal supervision.

Signed

John H. Anderson

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.