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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17843

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town North City

(c) Name of hospital or institution: 9
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 511 S. 1st
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Cable B. Moore

3. (b) If veteran, name war _____

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 Pearl Moore

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 3 1877
(Month) (Day) (Year)

8. AGE: 69 Years 9 Months 16 Days
If less than one day 1 hr. 1 min.

9. Birthplace Kennett, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Moore

(b) Address North City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 20 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director North City Mort. Co.

(b) Address North City, Mo.

19. (c) MAY 22, 1947 (Date received local registrar)

R. E. Decker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1947 hour 11:05 minute A .M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death Accident Run over by Switch Engine on Mo-Pacific Spur. E of Welch City Mo.

Other conditions Both legs amputated

Major findings: Skull fracture of occipital condyles

Of autopsy 11/21/47

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) Accident

(b) Date of occurrence 5/19/47

(c) Where did injury occur? North City, Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in _____ about home, on farm, in industrial place, in public place?
Public Place

(e) Means of injury RR. train

While at work _____ (Specify type of place)

23. Signature D. W. Frykett (M. D. or other _____)

Address 2114 Joplin Date signed 5/19/47

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

MOTHER FATHER

47-5-469

JUN 12 1947

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.