

No. 2
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5-17-39
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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

18211

State File No. _____

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

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

In this community None
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State No Record (b) County No Record

(c) City or town No Record
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Bailey Moore

3. (b) If veteran, name war None

3. (c) Social Security No. 527-3455 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour one minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 20 1921
(Month) (Day) (Year)

Immediate cause of death: Accidental Death. Killed by truck. Due to 100 feet work at Rock Island. Crossing on 52 Highway N.W. of Versailles Mo.

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

25 11 21 hr. _____ min.

9. Birthplace Dover Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: _____

Of operations: _____

Of autopsy: _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Jim Moore

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

14. Maiden name Sarah Skinner

15. Birthplace Johnson County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Moore

(b) Address Dover Arkansas

17. (a) Removal (b) Date thereof May 18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russellville, Ark.

18. (a) Signature of funeral director [Signature]

(b) Address Versailles, Mo.

19. (a) 5-19-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? 3

While at work? _____ (Specify type of place)

(c) Means of injury Morgan County

23. Signature Burch J. Medley (M. D. or other) Coroner

Address Versailles Mo Date signed 5-17-47

(Licensed Embalmer's Statement on Reverse Side) Non-collusion

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

RECEIVED
District Health Officer No. 7,
District File Number 4-47-682
Date Filed 5-29-47

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 *W. F. Kidwell*
Licensed Embalmer No. 1596
P. O. Address *Kidwell, 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.