

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

St. Paul
18304
State File No. _____
Registrar's No. 32

Registration District No. 270 Primary Registration District No. 3050

1. PLACE OF DEATH:
(a) County Jamescot
(b) City or town Cantherville
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, (months or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jamescot
(c) City or town Cantherville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Juliett ave
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 17, year 1947 hour 6 minute 30
21. I hereby certify that I attended the deceased from May 16, 1947, to May 17, 1947, that I last saw him alive on May 16 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. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

Immediate cause of death Premature Birth
Due to Premature rupture of membranes
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations 59
Of autopsy 159

7. Birth date of deceased May 16 1947
8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. 30 min.
9. Birthplace Cantherville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business _____
12. Name Chester C. Moore
13. Birthplace Summit Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Souell
15. Birthplace Cabot Ark.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Chester Moore
(b) Address 1008 Juliett ave Cantherville Mo.
17. (a) Burial (b) Date thereof 5-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little prairie Cemetery
18. (a) Signature of funeral director La Farge Ind. Co.
(b) Address Cantherville, Mo.
19. (a) 5/20/47 (b) Wreston Wilkes
(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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. R. Union (M. D. or other) _____
Address Cantherville, Mo. Date signed 5-17-47

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

MOTHER FATHER

⁵
~~May~~ 23 - 1972

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..... *Nell C. Dean*

Licensed Embalmer No. *3941*

P. O. Address..... *Courtsville*

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.