

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1000

State File No. 30375

Registration District No.

Primary Registration District No.

Registrar's No. 1146

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community about 40 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OCTAVIA- ALLEN.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race whit 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edgar P. 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 16 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 4 If less than one day
✓ 71 4 4 hr. min.

9. Birthplace Holt Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William Bailey Moore
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Paul Foster
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Allen Stephens
(b) Address Waverland Mo.

17. (a) Burial (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director James F. Funeral Home
(b) Address St. Joseph Mo.

19. (a) 9-27-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R 7D #3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1947 hour 11:20 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 14 1947 to Sept. 20 1947
that I last saw him alive on Sept. 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis - general Duration 6 days
Due to Perforated gangrenous gall bladder 6 days
Due to Cholecystitis - acute 8 days

Other conditions Coronary sclerosis
(Include pregnancy within 3 months of death)
Major findings: Cardiac hypertrophy & dilatation
Of operations none
Of autopsy as above

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) (e) Means of injury
23. Signature J. T. Bloomer (M. D. Bloomer)
Address 1218 N. 3d, St. Joseph Mo. Date signed 9/23/47

SEP 20 1949

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.....

Charles M. Harmon, Registered Apprentice No. 456
working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.