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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 13 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30448**  
Registrar's No. **1191**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1311 North 4th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **38 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1311 North 4th** 7  
(If rural, give location)  
(e) Citizen of foreign country? **No** 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ervin Ardell Moore**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **491-10-1086**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct** day **1**  
year **1947** hour **6:40** minute **0** M.  
21. I hereby certify that I attended the deceased from **July 31**, 19 **47** to **Oct 1**, 19 **47**  
and that death occurred on the date and hour stated above.  
that I last saw him alive on **Oct 1**, 19 **47**

4. Sex **Male** 2  
5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Leota Williamson Moore**  
6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **April 1, 1898**  
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Embolism** 9  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**49** **6** **0-** hr. min.

Other conditions **Cardiac Asthma** 2  
(Include pregnancy within 3 months of death)

9. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Laborer**

11. Industry or business **Laborer**

12. Name **Unknown**  
13. Birthplace **Unknown** **unknown** 4  
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Clark**  
15. Birthplace **Wathena, Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leota W. Moore**  
(b) Address **1311 North 4th Street**

17. (a) **Burial** (b) Date thereof **10-7-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (d) Signature of funeral director **Wm. H. Alexander**  
(b) Address **St. Joseph, Mo.**

19. (a) **10-7-47** (b) **G. L. Jakins**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. D. Sexton** (M. D. \_\_\_\_\_)  
Address **1923 Mississippi St. Joseph Mo.** Date signed **10-6-47**

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

MOTHER FATHER

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**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..... *Wm. H. Alexander* .....

Licensed Embalmer No. *4450* .....

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.**