S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32007

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

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

3. (a) PRINT FULL NAME Bennie Moore Sr
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Colored
(a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Moore
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March (Month) 4th (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	5	20	hr. min.

9. Birthplace Lexington (City, town, or county) Miss (State or foreign country)
10. Usual occupation Farm Hand
11. Industry or business
FATHER
12. Name Wilson Moore
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Bennie Moore Jr.
(b) Address Bragg City Mo St #1 Box 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo Morgan Cem
18. (a) Signature of funeral director Valhalla Fun Home
(b) Address Hayti Mo Box 424
19. (a) 8-30-47 (Date received local registrar) (b) John W German (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1947 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6-28-, 1947 to 8-24-, 1947; that I last saw him alive on 8-15-, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Hypertension and Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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 L Masters (M. D. or other)
Address Hayti Mo Date signed 8-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

9-47-266

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

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 424

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.