No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 802

FILED JAN 27 1948

Registration District No. 28 — Primary Registration District No. 2000 — Registrar's No. 36

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 months 15 days
(Specify whether years, months or days)
In this community: 5 months 15 days

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

3. (a) PRINT FULL NAME: Troy Franklin MOORE #5739-H
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorothy Jackson Moore
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: May (Month) 22 (Day) 1918 (Year)

8. AGE: Years 29 | Months 7 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Kilgore (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business:

MOTHER FATHER
12. Name: Jesse Moore
13. Birthplace: ? (City, town, or county) Texas (State or foreign country)
14. Maiden name: Ollie Creek
15. Birthplace: ? (City, town, or county) Texas (State or foreign country)

16. (a) Informant: File
(b) Address: MCFP
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: East Lawn Cemetery
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: 1200 Boonville St
19. (a) 1-16-48 (Date received local registrar) (b) W. Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1948 hour 9 minute 22 A.M.
21. I hereby certify that the medical staff attended the deceased from July 30, 1947 to January 14, 1948 and that they last saw him alive on January 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, far advanced, bilateral with multiple abscesses and with large pyopneumothorax on left.	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: As above. Also chronic passive congestion.	

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

13B

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? Means of injury: O

23. Signature: E. W. Morehead (M. D. or XXXX)
Address: Medical Center Fed. Pris. Date signed: 1-15-48
Springfield, Missouri

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

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

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.....Fred C Thieme.....

Licensed Embalmer No....2899.....

P. O. Address...Springfield,.....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.