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7-39

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

National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 18

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. Simpson 1679

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brookfield Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether

In this community 73 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield (If outside city or town limits, write "RURAL") 1

(d) Street No. 616 Brunswick Ave (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES NELSON MOORE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Clara Moore

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb (Month) 19 (Day) 1873 (Year)

8. AGE: Years 74 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Cafe operator

11. Industry or business

FATHER
12. Name Wm J. Moore
13. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Eliza Ann Lee
15. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Vern Gates

(b) Address 616 Brunswick, Brookfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield Mo

19. (a) 1-6-48 (Date received local registrar) (b) Walter B. Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 39 to Jan 3 1948 that I last saw him alive on Jan 3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage 1st one	1947
Due to last one	9 days
Due to Hypertension & Arteriosclerosis	10 yrs.
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 2

23. Signature W. B. Simpson (M. D. or other) DO

Address Brookfield Mo. Date signed 1-5-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. A. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.