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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4366
State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 11

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED: 27
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 218 SIXTH ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JUDGE B.L. MOORE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER 12 - 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	6	hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED COUNTY JUDGE
11. Industry or business COUNTY JUDGE
FATHER
12. Name LAFAYETTE M. MOORE
13. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)
MOTHER
14. Maiden name MATILDA MORTON
15. Birthplace (City, town, or county) MISSOURI 10 (State or foreign country)
16. (a) Informant E.B. MOORE
(b) Address BOONVILLE - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE CEM.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 1-23-48 (Date received local registrar) (b) D. Hooper (Registrar's signature) 38

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 19 year 1948 hour 2 p.m. minute M.
21. I hereby certify that I attended the deceased from Dec 29, 1947 to Jan 19, 1948 that I last saw him alive on Jan 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-Pneumonia	3 wks
Due to	
Due to	
Other conditions: asthma (Include pregnancy within 3 months of death)	years
Major findings: Of operations: none	
Of autopsy: none	

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) 0
While at work? (e) Means of injury
23. Signature T.C. Beckett M.D. (Title of other)
Address Boonville Mo. Date signed 1-21-48

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

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 2-12-48

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 HARRY E. MONROE, Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.