S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11654

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 153

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: LUCY LEE HOSPITAL (If not in hospital or institution, write street number or location)

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

In this community 76 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town RURAL (If outside city or town limits, write "RURAL") 0

(d) Street No. 4 MI NE POPLAR BLUFF (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME JOHN RUFUS MOORE

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex MALE 0 — 5. Color or race WHITE — 6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARY M. MOORE — 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased NOV. (Month) 3 (Day) 1871 (Year)

8. AGE: Years 76 — Months 5 — Days 10 — If less than one day ..... hr. ..... min.

9. Birthplace WAYNE CO (City, town, or county) MO (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name LEWIS MOORE
13. Birthplace WAYNE CO (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name SARAH STAGGS
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant H.E. MOORE
(b) Address RFD #2, WILLIAMSVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ZION CEMETERY

18. (a) Signature of funeral director N.T. Phelps
(b) Address POPLAR BLUFF MO

19. (a) 5-4-48 (Date received local registrar) (b) R. D. Manele (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 13" year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 1948, 19..., to April 13, 1948; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cord Asphyxiation	
Due to Cardiac failure	
Due to Cardiovascular Renal disease	
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 0

23. Signature C. D. Markel MD (H. D. or other)

Address Poplar Bluff MO Date signed 4/30/48

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

RECEIVED
District Health Office No. 2,
District File Number 548-599
Date Filed 5-10-48

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

Signed N. T. Phillips

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff, 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.