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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12191

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 320

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hosp. C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogersville - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Janis May Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

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

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

7. Birth date of deceased April (Month) 9 (Day) 1948 (Year)

8. AGE: Years — Months — Days 5 If less than one day 12 hr. ..... min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Henry Wayne Moore
13. Birthplace Rogersville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Jessie Irene Jones
15. Birthplace Branson (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Henry Wayne Moore
(b) Address Rogersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ White Oak Cem.

18. (a) Signature of funeral director Kelley-Fevrell-Bergman
(b) Address Rogersville, Mo.

19. (a) 4-15-48 (Date received local registrar) (b) W E Hardly M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1948 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4-9-48 19..., to 4-14 19 48; that I last saw her alive on 4-14- 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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 [illegible] (M. D. or other)

Address Springfield Mo Date signed 4-15-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.