OM—1747
ev. 5-17-39

National Office of Vital Statistics

FILED JUN 29 1948

STANDARD CERTIFICATE OF DEATH

State File No. 18864

Registration District No. 55 — Primary Registration District No. 3010 — Registrar's No. 198

1. PLACE OF DEATH:
(a) County Cape Girardeau Mo
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape 16
(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")
(d) Street No. 308 So. Hanover
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Doctor Robert Moore
3. (b) If veteran, name war none
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Minnie
6. (c) ~~Age of husband~~ or wife if alive 65 years
7. Birth date of deceased Dec (Month) 2 (Day) 1878 (Year)

8. AGE: Years 69 Months 6 Days 5 If less than one day ... hr. ... min.

9. Birthplace St Marys Mo (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business

FATHER
12. Name Doctor Robert Moore
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Meyer
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Moore
(b) Address Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Morley Mo
18. (a) Signature of funeral director Joe M. Howell
(b) Address Cape Girardeau Mo
19. (a) 6-24-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1948 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1948 to June 7, 1948
that I last saw h. 1 M alive on June 7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 Days
Due to arterio sclerosis generalized	
Due to	
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
23. Signature Edward D Campbell (M. D. or other) MD
Address Cape Girardeau Mo Date signed 6-18-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED

rict Health Officer No. 4

rict File Number 648-817

Date Filed 6-28-48

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.