

National Office of Vital Statistics

## STANDARD CERTIFICATE OF DEATH

State File No. **21844**

FILED JUL 15 1948

Registration District No. **3627**Primary Registration District No. **6093 (6093)**Registrar's No. **141**

## 1. PLACE OF DEATH:

(a) County **Saline**  
 (b) City or town **Marshall, Mo.** Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **R.F.D. Marshall Twp. /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community **All His Life**  
 years, months or days)

3. (a) PRINT FULL NAME **Hubert Truman Moore**

3. (b) If veteran,  
 name war **World War 2**

3. (c) Social Security No.  
**497-24-8059**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **August 8 1927**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**20 10 26** hr. min.

9. Birthplace **Marshall, Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Worked At Dairy Farm**

11. Industry or business " " "

12. Name **Hubert Moore**

13. Birthplace **Marshall, Mo.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mabel B. Hulien**

15. Birthplace **Marshall, Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Moore**

(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **7/6/48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Memorial Gardens**

18. (a) Signature of funeral director **J. Paulie Jussary**

(b) Address **Marshall, Mo.**

19. (a) **July 6, 1948** (b) **J. Paulie Jussary**  
 (If received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**  
 (c) City or town **Marshall** Rural **0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **656 So. Redman** **3**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**  
 year **1948** hour **7:15** minute **15** p. M.

21. I hereby certify that I attended the deceased from **7-4-1948**  
**I investigated the death - 7-4-1948**  
 that I last saw him alive on..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental plane crash -**  
 Duration

Due to.....

Due to **Unknown - 7/8**

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **175 34**

Of autopsy **No. - 1 34**

## 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) **Accident**

(b) Date of occurrence **July 4, 1948**

(c) Where did injury occur? **Saline Mo.**  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1 1/2 Mile North of Marshall**  
 (Specify type of place)

While at work? **Yes** (e) Means of injury **airplane crash**

23. Signature **J. Paulie Jussary** (M. D. or other)

Address **Marshall, Mo.** Date signed **7-5-48**

**RECEIVED**

**District Health Officer No. 8,**

**District File Number** -----

**Date Filed** 7-13-48 -----

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**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. Leali Susung -----

Licensed Embalmer No. 32357 -----

P. O. Address Marshall 7 -----

**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.