

FILED JUL 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23617

State File No. _____

Registration District No. 218

Primary Registration District No. 5789

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Rural St James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
4 miles south East Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 mo., 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles south East Prairie
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANICE FAYE MOORE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1948 hour 7:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 7
1948, to May 22 1948
that I last saw him alive on May 22 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 17, 1948
(Month) (Day) (Year)

Immediate cause of death _____
Pneumonia 2 wks
Duration _____

8. AGE: Years _____ Months 3 Days 5 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Mississippi Co. Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
108
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name C. G. Moore
13. Birthplace Pragado, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rose Ann Moore
15. Birthplace Mississippi Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C. G. Moore
(b) Address East Prairie, Mo.

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? _____

17. (a) Burial (b) Date thereof 5-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. W. East Prairie

(Specify type of place)
While at work? _____ (e) Means of injury 0

18. (a) Signature of funeral director J. W. Shelby
(b) Address East Prairie, Mo.
19. (a) 6-6-48 (b) Bertrude G. Harper
(Date received local registrar) (Registrar's signature)

23. Signature A. D. Martin (M. D. or other) _____
Address East Prairie, Mo. Date signed 5-24-48

RECEIVED

District Health Office No.

District File Number 248-8

Date Filed 7-19-8

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.....

Travis Wade Shelby Jr.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.