

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25773**

Registrar's No. **103**

FILED AUG 19 1948

Registration District No. _____

Primary Registration District No. **5288**

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

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Rt. #1, Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 Mile N. of Excelsior Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime** years, months or days

3. (a) PRINT FULL NAME **JOHN MOORE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **May 4, 1871**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Clay County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **John Moore**

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

14. Maiden name **Rebecca Tarwater**

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

16. (a) Informant **Mrs. Lillie Lamb**

(b) Address **Excelsior Springs, Mo.**

17. (a) **Burial** (b) Date thereof **8/8/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moore Cem. Clay County**

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **Excelsior Springs, Mo.**

19. (a) **8/8/48** (b) **Caroline Hutchings**
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**
(c) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. # 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **8th**
year **1948** hour **12** minute **45** A.M.

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

Immediate cause of death **Pulmonary congestion** Duration **3 days**

Due to **Cardiac disease - arteriosclerosis**

Due to **heart**

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **Renton Dawson** (M. D. or other)

Address **Excelsior Springs** Date signed **8-9-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-18-48.....

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..... *Albert S. White*.....

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.