FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948
Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33701

Primary Registration District No. 4405

Registrar's No. 305

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Since 1880
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 8 8

(c) City or town Green Ridge 3
(If outside city or town limits, write "RURAL")

(d) Street No. Previously Rural Green Ridge
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Chas. Wetherford Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 12 (Day) 1871 (Year)

8. AGE: Years 77 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name W. H. Moore
13. Birthplace North Carolina (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Alcinda Harris
15. Birthplace Virginia (City, town, or county) (State or foreign country) /

16. (a) Informant Stella Moore
(b) Address Green Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, '48 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director L. L. Ream
(b) Address Green Ridge, Mo.

19. (a) 10-23-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy
25 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 21 day 22
year 1948 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1948, to Oct 22, 1948
that I last saw him alive on Oct 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy sequel of Cerebral hemorrhage	30 hrs
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death) Arteriosclerosis	

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 0

23. Signature H. A. Hite (M. D. ~~or other~~ M.D.)
Address Green Ridge, Mo. Date signed 10/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-5-48

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.