S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37789

Registration District No. 376 | Primary Registration District No. 3061 | Registrar's No. 355

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Houser St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME TOM ALBERT MOORE
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Duncan Moore
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October (Month) 6 (Day) 1870 (Year)

8. AGE: Years 78 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Arkansas (City, town, or county) / (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER 12. Name John Moore
13. Birthplace Tenn (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name Louise Robinson
15. Birthplace Tenn (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs. Lillie Moore
(b) Address Flat River, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director SPARKS
(b) Address Flat River, Mo
19. (a) 11-13-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 th. year 1948 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 1, 1948, to Nov 9th, 1948, that I last saw him alive on Nov 9th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 wk
Due to Arteriosclerotic Cardiovascular disease	
Due to	
Other conditions Carcinoma prostate (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations .....
Of autopsy 5 13

PHYSICIAN — Underline the cause to 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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature J. L. Fosler (M. D. or other) M.D.
Address Desloge, Mo. Date signed 11-12-48

(Licensed Embalmer's Statement on Reverse Side)

IVED

Health Officer No. 4

File Number 1148-144

11-22-48

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.