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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40549

State File No.

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Co TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Peter Moore

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wh 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 10 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 9 1 hr. min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Jubie Moore

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

14. Maiden name Dora Jane

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

16. (a) Informant Records
(b) Address _____

17. (a) BURIAL (b) Date thereof DEC 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEBB CITY CEM.

18. (a) Signature of funeral director WEBB CITY UND. CO

(b) Address WEBB CITY, MO

19. (a) DEC 13 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Saravasa
(If outside city or town limits, write "RURAL")

(d) Street No. Co Home
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1948 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 30, 1948 to Dec 11, 1948
that I last saw him alive on Dec 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy 13B

Duration _____
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)
(2) Means of injury _____

3. Signature [Signature] (M. D. or other) _____
Address Webb City MO Date signed 7/1/48

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 Dale Glover

Licensed Embalmer No. 4583

P. O. Address. Joplin, 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.