FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42355

Primary Registration District No. 4006

Registrar's No. 301

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Fillmore
(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: 57 yrs

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

3. (a) PRINT FULL NAME: Oren Mann Moran
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Marie Moran
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Feb (Month) 19 (Day) 1891 (Year)

8. AGE: Years 57 | Months 10 | Days 6 | If less than one day: hr. min.
9. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name (Father): Sherman Moran
13. Birthplace: Un Known (City, town, or county) Ind (State or foreign country)
14. Maiden name (Mother): Emma Ben Mann
15. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs. Marie Moran
(b) Address: Fillmore Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Savannah
18. (a) Signature of funeral director: E. C. Breck
(b) Address: Savannah Mo
19. (a) 12-30-48 (Date received local registrar) (b) Fillmon Park (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1948 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from 6-20, 1948, to 12-25, 1948 that I last saw him alive on 12-25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration: 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
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:

23. Signature: Dr. M. R. Holiday (M. D. or other)
Address: Fillmore Mo Date signed: 12-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. C. Brect

Licensed Embalmer No. 2650

P. O. Address Swanmah Me

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.