FILED DEC 19 1948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40726

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gobler Rt. Clay
c. LENGTH OF STAY (In this place): 15yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gobler Star Rt. Clay Township
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) P. c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6th 1949

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced **8. DATE OF BIRTH:** Mar. 25-1895 **9. AGE** (In years last birthday): 54 IF UNDER 1 YEAR: Months 9 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant **10b. KIND OF BUSINESS OR INDUSTRY:** Merchant **11. BIRTHPLACE** (State or foreign country): Ripley Tenn. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: John W. Moore **13b. MOTHER'S MAIDEN NAME:** Alice Bell Lunsford **14. NAME OF HUSBAND OR WIFE:**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): War I (If yes, give war or dates of service): War I **16. SOCIAL SECURITY NO.:** **17. INFORMANT'S SIGNATURE OR NAME:** John W. Moore **ADDRESS:** Ripley Tenn. G.D.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to Death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cause unknown- Inquest Pending
DUE TO (c) — E993X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Store **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 6 49 8:00 P.m. **21e. INJURY OCCURRED** WHILE AT WORK [X] NOT WHILE AT WORK [ ] **21f. HOW DID INJURY OCCUR?** Store Burned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8.00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter A. Hawkins Coroner **23b. ADDRESS:** Kennett Mo. **23c. DATE SIGNED:** 12-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** 12-9-49 **24c. NAME OF CEMETERY OR CREMATORY:** Grace Cemetery **24d. LOCATION** (City, town, or county) (State): Ripley Tenn.

DATE REC'D BY LOCAL REG.: 12-10 49 **REGISTRAR'S SIGNATURE:** Bertha Kinsohring **25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS:** Lentz Service Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 12-13-49
County File No. 1249-26

MAY 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was (Not) embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Walter A. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No 2002

P. O. Address Kennett 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Dunklin }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 40726
Local Registrar's No.

On this 23 day of January, 1950, before me appears Walter A. Hawkins, who, upon his oath, states that the original record of death for John P. Moore, died December 6th, 1949, in the State of Missouri, and which was filed at Hornersville on 12-7-, 1949 should be corrected as follows:

Item No. 18 should read Murder at hands- J.C. Watson & Lee Thomas(col)
Instead of Burned to death in store fire- Accidental

Item No. 21a should read Homicide
Instead of Accident

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature] Coroner
Relationship.

Kennett Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of January, 1950.

My Commission expires My Commission Expires Oct. 5, 1954 [signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
11-28-40
P I X25048