DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1953

Registration District No. 277

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22486

Primary Registration District No. 5950

Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: New Hartford 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
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pike
(c) City or town: Ashley
(If outside city or town limits, write "RURAL")
(d) Street No. 620
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Gordan Moore

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lillian Moore

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: Dec. (Month) 10 (Day) 1869 (Year)

8. AGE: Years 83 Months 6 Days 13 If less than one day hr. min.

9. Birthplace: New Hartford, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

FATHER
12. Name: George Moore
13. Birthplace: Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Malley
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Everett Moore
(b) Address: New Hartford, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-25-53 (Month) (Day) (Year)
(c) Place: burial or cremation: Indian Creek Cem

18. (a) Signature of funeral director: John W Burden
(b) Address: Bowling Green, Mo

19. (a) 6-27-53 (Date received local registrar) (b) Bell Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1953 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1929, 19..., to 6-23, 1953, that I last saw him alive on 6-23, 1953, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Colon

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy: 153x

Duration: 6 Months

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J M McGhee M.D. (M. D. or other)
Address: Bowling Green Mo Date signed 9-26-53

254-0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A TRIPLICATE COPY

JUL 7 1953

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green, Ky

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

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