

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7500

MAR 13 1941
Registration District No. 512

Primary Registration District No. 4310

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Maconsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME EFFIE MAY MOORE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. L. Moore 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 16 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation At home

11. Industry or business ✓

MOTHER FATHER { 12. Name John E. Canich
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Maxine
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernice V. Foreman
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof Feb 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maconsville Mo.

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo.

19. (a) Feb 1 1941 (b) Hazel Stamped
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Maconsville
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Jan 28 1941
that I last saw him alive on Jan 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 10 days
Due to ✓
Due to 97

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

Major findings:
Of operations ✓
Of autopsy ✓
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) (a) Means of injury ✓

23. Signature Jan Moore (M. D. or other) ✓
Address Chillicothe Mo. Date signed 1-31-41

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

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Ronald F. Gordon

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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, above space should be left blank.