

REGD JAN 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44578
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall (d) Street No. _____ Registered No. 174
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William R. Moore

(a) Residence, No. W. Porter St. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda Sarah Grooms
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

FATHER 13. NAME William R. Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Wm. R. Moore Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Grove DATE Dec. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) J.L. Sweeney Marshall, Mo.

20. FILED 12-3-38 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1938
 22. HEREBY CERTIFY, That I attended deceased from March, 1938, to Dec 1, 1938.
 I last saw him alive on Nov 5, 1938. Death is said to have occurred on the date stated above, 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic indocentia
General arterio sclerosis
Chronic nephritis
 Date of onset ?

Other contributory causes of importance: 131

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Marshall, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filled 6/10/39

STATEMENT BY LICENSED EMBALMER

I, J. Lealic Sussumy, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. Lealic Sussumy
Licensed Embalmer No. 3235

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.)