

REC'D JUN 19 1939

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

19597
Do not use this space.

1. PLACE OF DEATH

(a) County Rapley Registration District No. 750
(b) Township Douglas Primary Registration District No. 4451
(c) City Douglas (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Franklin Levy Moore
(a) Residence, No. _____ St. 7
(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 Sallie Bruce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. much out
9. Industry or business in which work was done, as saw mill, bank, etc. Feed & Gro.
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rapley Co., Missouri

FATHER 13. NAME James Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Evangelin Blalock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Sallie Bruce Douglas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ingram, Ark. DATE 6-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jordan Douglas

20. FILED 6-3-39 C. B. Johnston Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to June 2, 1939
I last saw him alive on June 1, 1939. Death is said to have occurred on the date stated above, at 2:25 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Labor
Date of onset _____
Other contributory causes of importance: Dysphagia

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? _____
If so, specify _____
(Signed) J. E. Hines, M. D.
(Address) Douglas, 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.

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

J. G. Jordan

Licensed Embalmer No.

3200

P. O. Address

Dominican M

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

If this body is not embalmed, above space should be left blank.