

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

32979  
Do not use this space.

13 1939

1. PLACE OF DEATH  
 (a) County Mercer Registration District No. 553  
 (b) Township Marion Primary Registration District No. 4325  
 (c) City Mercer (d) Street No. \_\_\_\_\_ (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 \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME Franklin Pierce Moore  
 (a) Residence, No. Mercer Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1852  
 7. AGE YEARS 87 MONTHS 6 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc. With Contractors and for Self  
 10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 FATHER 13. NAME Thos. Moore  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 MOTHER 15. MAIDEN NAME Rebecca Brady  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 17. INFORMANT C. T. Moore  
 (ADDRESS) Linville Iowa  
 18. BURIAL, CREMATION, OR REMOVAL Buried (Mercer Co. Mo.) DATE 9/2 1939  
 19. FUNERAL DIRECTOR Q. O. Spangler  
 (ADDRESS) Linville Iowa  
 20. FILED 9/2 1939 S. P. Davis  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, Aug. 31, 1939  
 I last saw him alive on Aug. 31, 1939 Death is said to have occurred on the date stated above, at 7:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma larynx, with severe degree secondary anaemia due to disease, also hemorrhage following slough after surgical diathermy. Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Senility.  
 The mass was "burned" several times since Jan. 1898  
 Name of operation \_\_\_\_\_  
 What test confirmed diagnosis? Phys and Lab Were an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None 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) A. S. Bristow M. D.  
 (Address) Bristow Bldg. Princeton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

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. 11

District File Number 1039-1274

Date Filed OCT 11 1939

STATEMENT BY LICENSED EMBALMER

I, O. O. Greenlee, Licensed Embalmer No. 872  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Amos L. Greenlee  
L. E.  
No. 3967 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed O. O. Greenlee  
Licensed Embalmer No. 872

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.)