

NOV 22 1939

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

35722
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Forest Primary Registration District No. 3010 Registered No. 131
(c) City Carrollton (d) Street No. Atwood Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 60-3 John William Moore 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) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elda Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Montgomery Co.

13. NAME John W. Moore

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

15. MAIDEN NAME Martha Ann Wayne

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

17. INFORMANT (ADDRESS) Mrs. J. W. Moore
Bosworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wharton DATE Oct. 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dwight Edwards
Bosworth, Mo.

20. FILED 11-1 1939 W. H. Haskins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1939 to 10-22 1939

I last saw him alive on 10-22 1939. Death is said to have occurred on the date stated above, at 9:27 P.
The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset ?

Other contributory causes of importance: Enlarged Liver ?

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? no
If so, specify.....

(Signed) W. H. Haskins, M. D.
130 (Address) Carrollton, Mo

RECEIVED
District Health Officer No. 8,
District File Number
11/7/39
Date Filed

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 *David Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Baswith, N.C.*

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.