JAN 17 1940

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

43938
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 516
(b) Township Wheeling — Primary Registration District No. 5682 — Registered No. 8
(c) City — (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
60 yr

2. PRINT FULL NAME George Edward Moore
(a) Residence, No. Wheeling Missouri 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st 1859
7. AGE — Years: 80 — Months: 1 — Days: 9 — If LESS than 1 day, ...hrs. or ....min.

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) Slohara County New York

FATHER
13. NAME Edward Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edward Moore New York

MOTHER
15. MAIDEN NAME Katherine Melius
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Walter Moore Wheeling Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Parson Creek DATE DEC. 11 1939
19. FUNERAL DIRECTOR (ADDRESS) Smiley Funeral Home Wheeling Mo.
20. FILED 12/11 1939 Mrs L Boone Local Registrar.
by Lulu Boone Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1937, to 12-8- 1939
I last saw him alive on 12-8- 1939. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
AJB	

Other contributory causes of importance: Enlarged Prostate
Name of operation — Date of
What test confirmed diagnosis? Physical — 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) Rueben Ramsey M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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 No. 140-1937
Date Filed JAN 15 1940

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank L. Smiley

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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