

FILED MAR 12 1940
318

Registration District No.

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 7 days
years, months or days)

8. (a) PRINT FULL NAME Vernon Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Montgomery 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased September 9, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>37</u>	<u>5</u>	<u>17</u>
				hr. min.

9. Birthplace Christian (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER
12. Name Frank Moore
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Mason
15. Birthplace Christian (City, town, or county) (State or foreign country)

16. (a) Informant Clewa Little

(b) Address Ponce de Leon, Mo

17. (a) _____ (b) Date thereof Feb. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville

18. (a) Signature of funeral director J. W. Maples

(b) Address Clewa 240 2911

19. (a) 2/19/40 (b) Chas. R. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Highlandville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from February
11, 1940, to Feb 18, 1940,
that I last saw him alive on Feb 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Congenital Polycystic Kidneys.
Due to congenital maldevelopment
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1579

Of autopsy _____

Duration Birth
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address Springfield Mo Date signed 2-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.

P. O. Address.....

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.

3. 2B
21-40
X22255

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6649**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County **Bremer**

(b) City or town **Springfield**
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **Vernon Moore**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **37** Months **5** Days **17** If less than one day _____ min.

9. Birthplace **Christian County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **12-10-40** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **18**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature **Geo. Hoogeboom** (M. D. or other) _____
Address **Springfield** signed _____

SUPPLEMENTARY

