

14977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 1 1940
REGISTRATION DISTRICT No. 329

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 329

Primary Registration District No. 3434A

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Dunklin-Grundy Co
(b) City or town Dunklin Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Dunklin Mo
(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.? Lifetime years.

3. (a) PRINT FULL NAME Mr Duane Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 23rd
year 1940 hour 5:35 minute A. M.

MEDICAL CERTIFICATION

4. Sex male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eva Moore 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 18 1940 to Mar 23 1940
that I last saw him alive on Mar 22, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 9 If less than one day hr. _____ min. _____

Immediate cause of death
Transmittic Duration 5
Premonia day
Due to Being struck
Due to by sheep

9. Birthplace Grundy Co Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 188
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____
13. Birthplace Harmon S. Moore, W.Va.
(City, town, or county) (State or foreign country)

14. Maiden name Luthenia Gray
15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eva Moore
(b) Address Dunklin Mo.

17. (a) Burial (b) Date thereof Mar. 24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Creek Chapel.

18. (a) Signature of funeral director R. D. Payne, Son
(b) Address Fair Mo.

19. (a) March 23 1940 (b) Mrs. Mabel Warren
(Date received local registrar) (Registrar's signature)

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?
Yes on farm
While at work? Yes (Specify type of place) (e) Means of injury Sheep
28. Signature E. J. Harris (M. D. or other)
Address Dunklin Mo Date signed 3.23.40

PHYSICIAN
Underline the cause to which death should be charged statistically

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

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.

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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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 329 Primary Registration District No. 5454a Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Marion sup.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community lifetime years, months or days

3. (a) PRINT FULL NAME Wm. Duane 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 Months Days If less than one day

80 0 9 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harmon S. Moore

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

14. Maiden name Lutheria Gray

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

16. (a) Informant Mrs. Eva Moore
(b) Address Dunlap, Missouri

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Dunlap
(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.

20. DATE OF DEATH: Month Mar day 23
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ 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 _____

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-14977