

V. S. No. 2  
M-11-10-39  
ev. 5-17-39  
I X2142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42002**

**JAN 10 1944**

Registration District No. **78**

Primary Registration District No. **5145**

Registrar's No. **18**

13

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

1. PLACE OF DEATH: **Caldwell**

(a) County **Caldwell**

(b) City or town **New York Twp (Rural)**  
(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 \_\_\_\_\_  
years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Caldwell**

(c) City or town **New York Twp. (Rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5th South 1/2 Sec. 27**  
(If rural, give location **Hamilton**)

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

3. (a) PRINT FULL NAME **RALPH MOORE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4**  
year **1940** hour **3:00** minute **A** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Sept 17 1901**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Not at all**, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**39 2 17** hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

**Coronary Thrombosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation **Laborer**

Other conditions **acute myocardial infarction**  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Miller Moore**

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

14. Maiden name **Hattie (unknown)**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Harris Albertson**

(b) Address **Hamilton Mo.**

17. (a) **Buried** (b) Date thereof **12-5-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Ave Hamilton Mo**

18. (a) Signature of funeral director **Brown Funeral Home**

(b) Address **Hamilton Mo**

19. (a) **Dec - 5 1940** (b) **Mrs Ruth Hill**  
(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? **at**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **[Signature] (Coroner)** (M. D. or other) **MD**

Address **Hamilton Mo.** Date signed **7/5/40**

102 (Licensed Embalmer's Statement on Reverse Side)

#6

**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 Me

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Morris A. Prince

Licensed Embalmer No. 3918

P. O. Address Hamletta Mo.

**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.**