

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 247

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry

(b) City or town ELINGTON, MO.

(c) Name of hospital or institution: General Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Rural Osage

(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.

3. (a) PRINT FULL NAME George Moore

3. (b) If veteran, MO name WAR \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1941 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 2 6, 1941, to 2-10, 1941; that I last saw him alive on 2-10, 1941 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased April 11 1873

(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema Duration 3 hrs

Due to Uraemia

Due to Parenchymatous Nephritis  
Chronic

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

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

67 9 \_\_\_\_\_ hr. min.

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

10. Usual occupation FARMER

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

12. Name John Wesley Moore

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

14. Maiden name Fanny Hardtler

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

16. (a) Informant's own signature John J. Moore

(b) Address Asheville Missouri

17. (a) Burial (b) Date thereof 2-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director C. B. Buckner

(b) Address Branson Missouri

19. (a) 2-13-41 (b) \_\_\_\_\_  
(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? \_\_\_\_\_

(a) Means of injury \_\_\_\_\_

23. Signature E. P. Felder (M.D. or other) \_\_\_\_\_

Address Clinton MO Date signed 2/14/41

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

Rev. 5-17-39  
U. S. GOVERNMENT PRINTING OFFICE

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. 7,

District File Number 3-41-396

Date Filed 3-4-41

---

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.