

S. No. 2
-11-10-39
-5-17-39
-P-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11895

State File No. _____

APR 9 1941

Registration District No. 724

Primary Registration District No. 4465

Registrar's No. 1028

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

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Flat River
(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

3. (a) PRINT FULL NAME Larry Paul Moore

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 18, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Moore

13. Birthplace Flat River, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie R. Moore

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

16. (a) Informant Paul Moore
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof 3-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn Cemetery

18. (a) Signature of funeral director Baldwell
(b) Address Flat River, Mo.

19. (a) 3-19/41 (b) B. B. Kassar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Francois
(c) City or town Flat River
(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.? 36 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18th day March
year 1941 hour _____ minute 1 P. M.

21. I hereby certify that I attended the deceased from 2-18-41
19____ to 3-18-41 19____
that I last saw him alive on 3-18-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia about 7 1/2 months.

Due to 2

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) _____ (e) Means of injury _____

Signature B. B. Kassar (M. D. or other) _____
Address Flat River Date signed 3/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.