S. No. 2
—11-10-39
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 12 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15718

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 58

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural - St Francois Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months, 9 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Illmo (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.? 0 years.

3. (a) PRINT FULL NAME RUDE WILSON MOORE

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1877 (Year)

8. AGE: Years 64 Months 2 Days 1 If less than one day hr. min.

9. Birthplace White Water (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Jon Moore

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

14. Maiden name Nancy Curts

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

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Scaburgh Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) Apl 14 1941 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1941 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 6-6-40, 19..., to 4-15-41, 19...; that I last saw him alive on 4-15-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis with psychosis (terminal apoplexy cerebral thrombosis (5/20/40 and 4/13/41). — Duration 10 mos.

Due to Diabetis mellitus — Duration Unknown

Due to Hypertensive heart disease.

Other conditions NO (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy NO

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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (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

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Estes, Registered Apprentice No. ....., working under my personal supervision.

Signed C. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.