No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28788

Registration District No. 508 | Primary Registration District No. 3026 | Registrar's No. 115

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

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1-WEEK-1-day (Specify whether years, months or days) In this community: 44 YEARS 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe (If outside city or town limits, write "RURAL") 059
(d) Street No.: 1202 WALNUT STR (If rural, give location) 1 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: OSCAR SILVER MOORE

3. (b) If veteran, name war: —

3. (c) Social Security No.: NONE

4. Sex: MALE 0

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ALICE MOORE

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: MARCH (Month) 25 (Day) 1858 (Year)

8. AGE: Years: 83 | Months: 4 | Days: 20 | If less than one day: hr. min.

9. Birthplace: HENINGTON COUNTY (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation: MERCHANT

11. Industry or business:

FATHER
12. Name: ALFRED MOORE
13. Birthplace: Ind. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: LUCESHAL BROWN
15. Birthplace: HENINGTON COUNTY (City, town, or county) Ind. (State or foreign country) 1

16. (a) Informant: Mrs Alice Moore
(b) Address: 1202 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 18 (Month) 1941 (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: H.G. Meinershagen
(b) Address: Chillicothe Mo

19. (a) 8-18-41 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 15 year: 1941 hour: 9 minute: 03 A.M.

21. I hereby certify that I attended the deceased from Aug 7, 1941, to Aug 15, 1941, that I last saw him alive on Aug 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days

Due to: Arteriosclerosis and Traumatic fall from ladder

Due to:

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

Major findings: Of operations:

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): 059
(b) Date of occurrence: 8-7-41 Accident
(c) Where did injury occur? Chillicothe (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - Painting house (Specify type of place)
While at work? yes (e) Means of injury: Fall

23. Signature: M D Leavitt (M. D. or other) DO
Address: Chillicothe Mo Date signed: 8-16-41

94.2 (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 Elmer Thomas, Registered Apprentice No. ..... working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.