

FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14379

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield *Mo.*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Colonial Hotel *3*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 Weeks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Dallas  
(c) City or town Dallas *999*  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4520 Arcady St. *41*  
(If rural, give location) *0*  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ *2*

3. (a) PRINT FULL NAME Roy Elmer Moore

3. (b) If veteran, name war no 3. (c) Social Security No. 489-09-0081

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1942 hour 2 minute 3 M.

21. I hereby certify that I attended the deceased at the Colonial Hotel Room 225 *at 9:30 a.m. on 4-19-42*  
and that death occurred on the 19 day of April, 1942  
Immediate cause of death Pericarditis

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Erma Moore 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased May 5 1892  
(Month) (Day) (Year)

Due to No doctor present at the time of death

8. AGE: Years Months Days If less than one day  
49 11 14 hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_ *92*

9. Birthplace English / Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Industrial Engineer

11. Industry or business Oberman Co.

12. Name Wm. J. Moore

13. Birthplace Unknown / Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hall

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

16. (a) Informant Mrs. Erma Moore

(b) Address Dallas, Texas

17. (a) Removal (b) Date thereof April 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-20-42 (b) W.S. Kaudley  
(Date received local registrar) (Registrar's signature)

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

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 5  
23. Signature H.H. Lohmeyer (Funeral Director)  
Address 224 E. Olive St. Date signed 4/19/42  
Springfield, Mo.

984WE N (Licensed Embalmer's Statement on Reverse Side)

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

39  
31  
16

565 S. Duane  
St. Louis

*Dr. P. C. ...*

**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: *L. Edwin Gorman*

Licensed Embalmer No. *3177*

P. O. Address: *Springfield, 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, fact should be so stated above.**