

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED MAY 12 1942

Registration District No. 1977

Primary Registration District No. 4-5-7-8-5747

Registrar's No. 5747

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town "Rural" Mill Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5 Miles S.E. Syracuse, Mo

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

(d) Length of stay: In hospital or institution 50 years or more  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley B. Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kathryn Moore

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

7. Birth date of deceased November, 11th, 1864  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>78</u> | <u>2</u> | <u>2</u> | hr. _____ min.       |

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Lillie Robertson

(b) Address Tipton, Mo. R.F.D.

17. (a) Removal (b) Date thereof 4/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse

18. (a) Signature of funeral director James E. Richard

(b) Address Tipton, Mo

19. (a) Apr 24 (b) Myrtle Conroy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Syracuse, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 5 minute 15 P.M.

21. Properly certified that I viewed the deceased person carrying a view  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94a  
(Include pregnancy within 3 months of death)

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

Of autopsy No

Duration

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) Natural Cause

(b) Date of occurrence April 23 1942

(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?

\_\_\_\_\_ work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature Lloyd E. Buchanan

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

7100

MAY 11 1942

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 *Me*

Registered Apprentice No.

working under my personal supervision.

Signed

*Jessie E. Richards*

Licensed Embalmer No.

*2466*

P. O. Address

*Lipton 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.