

S. No. 2
1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17608

State File No. _____
Registrar's No. 149

Registration District No. 104 Primary Registration District No. 5164

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural 9 miles N.W. of Brand
(c) Name of hospital or institution 1. Hwy
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM HENRY MOORE
(b) If veteran, name war no
(c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May - day 5th
year 1942 - hour 11 minutes 30 P.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced, married
7. Birth date of deceased ALICE MOORE SEPT 27 1882

Immediate cause of death: Natural causes, apparently acute heart failure after eating an unusual hearty supper - having been blind the last 5 years, and not taking much physical exercise - rather fleshy type.
Duration: _____
Other conditions: _____
Major findings: no operations
Of autopsy: no

8. AGE: Years 59 Months 7 Days 8
9. Birthplace St Louis Mo.
10. Usual occupation farmer

MOTHER FATHER
11. Industry or business _____
12. Name John Moore
13. Birthplace St Louis Mo.
14. Maiden name P.H.
15. Birthplace St Louis Mo.
16. (a) Informant Alice Moore
(b) Address Williamsburg Mo.
17. (a) Burial (b) Date thereof May 7, 1942
(c) Place: burial or cremation Ogle Sebel
18. (a) Signature of funeral director Glen W. Manning
(b) Address 700 Court St. Fulton, Mo.
19. (a) 5-7-1942 (b) Joee M. Mott
1147 (Licensed Embalmer's Statement on Reverse Side)

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
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury Home
23. Signature J.W. Holman Coroners
Address 8-E-8th St. Fulton, Mo Date signed 4-5-42

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

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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.....

Glen Y. Mauhin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, 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.