

S. No. 2
 1-1-4-41
 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

20610

State File No. _____

Registrar's No. _____

Registration District No. 69

Primary Registration District No. 5108

900

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

1. PLACE OF DEATH:
 (a) County Bollinger
 (b) City or town Zalma Wayne
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bollinger
 (c) City or town Zalma
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Christopher Jackson Moore
 (b) If veteran, name war None
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 29
 year 1942 hour 9 minute _____
 21. I hereby certify that I attended the deceased from June 20
1942 to June 20 1942
 that I last saw him alive on June 20 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Isabelle Moore 6. (c) Age of husband or wife if alive Not known years
 7. Birth date of deceased June 6, 1871
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
Chronic Intestinal Nephritis
 Due to _____
 Due to _____

8. AGE: Years 71 Months _____ Days 23 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 13/a
 Of operations _____
 Of autopsy _____

9. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

MOTHER FATHER { 11. Industry or business 7
 12. Name Not known
 13. Birthplace Not known
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Isabelle Moore
 (b) Address Zalma, Mo.
 17. (a) Burial (b) Date thereof June 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Joe Chapel Cemetery
 18. (a) Signature of funeral director Clay S. Margolis
 (b) Address Adeluck, Mo.
 19. (a) 7/2/42 (b) Mrs. Anne Mahoney
(Date received local registrar) (Registrar's signature)

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 _____
 Signature [Signature] (M. D. or other) _____
 Date signed 7/3/42

1063

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. H

District File Number 742-884

Date Filed 7-13-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.