

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 23 1942

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 35

35
09

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Yonkers Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Union Route 3

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carl Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1942 hour _____ minute 12:30 P.M.

4. Sex Male 5. Color or Race W

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if Oran Moore alive 42 years

7. Birth date of deceased: November 17 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 10th 1942, to _____ 19____

that I last saw him alive on Nov. 10th 1942 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion

Due to _____

Due to 94a

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Farming

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Wm Moore

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

14. Maiden name Ann Akens

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

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

16. (a) Informant Mrs. Ora M. Moore

(b) Address Campbell, Mo.

23. Signature Wallace Belsey (M. D. or other) md.

Address Campbell Mo. Date signed 11/17/42

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation Loyd Cemetery

18. (a) Signature of funeral director Landon Funeral Home

(b) Address Campbell, Mo.

19. (a) 11-15-1942 (Date received local registrar) (b) Mrs. L.P. Oliver (Registrar's signature)

1120

NOV 24 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.