

FILED DEC 7 1942
Registration District No. 1746

Primary Registration District No. 5568

Registrar's No. 302

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural BLUE TWP.**
(c) Name of hospital or institution: **Mo. Pac. Train en Route from Jefferson City**
(d) Length of stay: In hospital or institution **0 Minutes**
In this community **0 Minutes**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Jefferson City**
(d) Street No. **313 East High**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mr. Roscoe Francis Moorman**

(b) If veteran, name war **No** (c) Social Security No. **702-18-0221**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Myrtle Moorman** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **November 18 1898**

8. AGE: Years **53** Months **11** Days **22** If less than one day hr. min.

9. Birthplace **St. Joseph Missouri**

10. Usual occupation **Conductor - Freight**

11. Industry or business **Missouri Pacific R. R.**

12. Name **John Moorman**

13. Birthplace **Iowa**

14. Maiden name **Florence Beebe**

15. Birthplace **Michigan**

16. (a) Informant **Mrs. Myrtle Moorman**

(b) Address **Jefferson City, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 10, 1942**

(c) Place: burial of cremation **Jefferson City, Missouri**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-10-1942** (b) **J. Marshall Ross**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **10th** year **1942** hour **7 A.M.** minute **---** A.M.

21. I hereby certify that I attended the deceased from ... 19... to ... 19... that I last saw h... alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**

Due to **9/4a**

Due to **See above**

Other conditions (Include pregnancy within 3 months of death) **Deputy Coroner**

Major findings: Of operations **See above**

Of autopsy **See above**

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) Means of injury **---**

23. Signature **W. E. Hatcher M.D.** (M. D. or other) Address **22nd St. & 1st Ave** Date signed **11/10/42**

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

48
0
0

356
12/42

26
5
4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address J. C. No.

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.