

No. 2
9-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10103

State File No. _____

ED APR 8 1943
Registered on District No. 4170

Primary Registration District No. 4170

Registrar's No. 95

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 2 yrs. (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LAURA ANN MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife William S. Moore 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Feb 24, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 11 26 _____ hr. _____ min.

9. Birthplace Owsley County 1 Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Pleasant Turner

13. Birthplace Owsley County Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Seese

15. Birthplace Carroll Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Monte Moore

(b) Address Union Star Mo.

17. (a) Burial (b) Date thereof Feb 22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 3-7-43 (b) Chambers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan
1943 to Feb 20 1943
that I last saw her alive on Feb 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer Liver Duration 1 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) H6 f

Major findings: _____
Of operations _____

Of autopsy _____

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) _____

(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 0

23. Signature E. M. Reynolds (M. D. or other) _____
Address Union Star Mo Date signed 2-21-43

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

1248

(Licensed Embalmer's Statement on Reverse Side)

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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10103

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 95

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Union Star
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb
(c) City or town Union Star MO
(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 Laura Ann Moore

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Wm 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Feb. 24 1862 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 10 (If less than one day min.)

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

10. Usual occupation
11. Industry of business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1943 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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)
(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

23. Signature (M. D. or other) Address Date signed

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

SUPPLEMENTARY

