

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 9 1943

Registration District No. 170

Primary Registration District No. 5626

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Elldridge TWP.
(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 _____ (Specify whether)

In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede

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

(d) Street No. 9th Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Francis M. Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 8 minute 9 P.M.

21. I hereby certify that I attended the deceased from March 12
1943 to March 12, 1943

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, Divorced Widower

6. (b) Name of husband or wife Arpegena Phillips 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10 1866
(Month) (Day) (Year)

that I last saw him alive on March 12, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>		<u>5</u>	hr. min.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Hypertension

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

10. Usual occupation Farmer

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

Major findings: 430

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Moore

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

14. Maiden name Mary Edmonds

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bill Moore

(b) Address Lebanon Mo. R.A. 5

17. (a) Burial (b) Date thereof 3 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 9th MO

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? _____ (c) Means of injury _____

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Mo.

19. (a) 4-4-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

23. Signature Austin B. Krasner (M. D. or other) P.O.
Address 109 Maple Lebanon Date signed 3/19/43

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

300

Received APR 6 1943

Laclede County Health Unit

File No. 5-43-52

Date Filed APR 7 1943

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 Allyn Oethuoge

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.