

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

661A

State File No. _____
Registrar's No. 218

FILED MAR 15 1944
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
3013 Penn Street, /
(If not in hospital or institution, write street number or location)

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

In this community 21 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Sullivan ¹⁰⁵

(c) City or town Newtown,
(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)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME Lewis Herbert Moore,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd,
year 1944 hour 11:00 minute _____ a. a. m.

21. I hereby certify that I attended the deceased from
Feb. 1, 1944 to Feb. 23, 1944
that I last saw him alive on Feb. 20, 1944
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

6. (b) Name of husband or wife Mary Moore, 6. (c) Age of husband or wife if alive 64 years

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

Immediate cause of death _____ Duration _____

myocardial insufficiency 2 yrs.

Due to myocarditis - chr. ? yrs.

arterio-sclerosis (gen) ? yrs.

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>16</u>	hr. _____ min.

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Moniteau Co., Missouri, ^{(City, town, or county) (State or foreign country)}

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Lillburn Moore,

13. Birthplace Moniteau Co., Missouri ^{(City, town, or county) (State or foreign country)}

14. Maiden name Anna M. Barnett,

15. Birthplace Unknown, Kentucky, ^{(City, town, or county) (State or foreign country)}

16. (a) Informant Mrs. Edw. J. Paivivity

(b) Address 3013 Penn Street,

17. (a) burial (b) Date thereof 2/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation John's Reformed Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 319 South 10th Street,

19. (a) 2/25/44 (b) Olse Hugges
(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 _____

23. Signature G. T. Bloomer (M. D. or other) M.D.
Address 1218 N. 30th St. Joseph, Mo. Date signed 2/25/44

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph

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.