

V. S. No. 2
00M-2-43
Rev. 5-17-39
P1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17395
Registrar's No. 118

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
707 W. Ash St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Years (Specify whether years, months or days)
In this community 9 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 707 W. Ash St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 5

3. (a) PRINT FULL NAME SARA JANE MOORE
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1944 hour 3 minute 2 A. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William Robt. Moore
(c) Age of husband or wife if alive 1873 years
7. Birth date of deceased: 8 - 29 - 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/13
1944 at 707 W. Ash St.
that I last saw her alive on 5/12
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 8 Days 3
If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage
Due to arterio-sclerosis
Due to arterial hypertension
Other conditions (include pregnancy within 3 months of death)
Major findings: 83a!
Of operations
Of autopsy

9. Birthplace Verden Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name John Wesley Davidson
13. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Montgomery
15. Birthplace Salem Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W.S. Price
(b) Address 707 W. Ash St., Columbia, Mo.
17. (a) Burial (b) Date thereof 5-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

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?

18. (a) Signature of funeral director Parsons Funeral Service
(b) Address Columbia, Mo.
19. (a) 5-4-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address Columbia Date signed 5/4

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

10
2

12501

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9

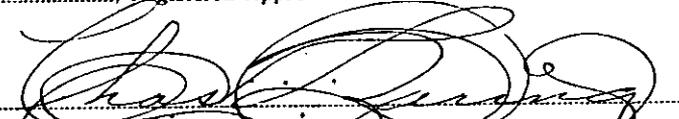
District File Number.....

Date Filed 6-10-44

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.....


Licensed Embalmer No. 4134

P. O. Address Columbia, S.C.

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.