

7. S. No. 2
FORM—8-43
Rev. 5-17-39
P. 1 X37823

25913

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 338

Primary Registration District No. 4501

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield
(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 1 (Specify whether)

In this community Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield 103
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Benjamin Parker Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. 486-16-5759

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour 11 minute 35 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Zella W. Moore 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 6 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 2nd 1944 to July 18 1944
that I last saw her alive on July 18 1944
and that death occurred on the date and hour stated above.

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

60 7 12 hr. _____ min. _____

Immediate cause of death Uremic Coma, 1 day of Edema of lungs

Due to Acute Paralytic

Due to Reflex

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

10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) 130

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Buckner Moore

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

14. Maiden name Mattie Shelby

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

16. (a) Informant Orval Moore

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 7-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Cemetery

18. (a) Signature of funeral director Chiles Und, Co.

(b) Address Bloomfield, Mo.

19. (a) 8/2/1944 (b) Pearl E. Chase
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 5

23. Signature P. E. Chase (M. D. or other) M.D.

Address Bloomfield Mo. Date signed 8-7-44

(Licensed Embalmer's Statement on Reverse Side)

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

2732

1130

RECEIVED

District Health Office No. 2,

District File Number 844-1076

Date Filed 8-9-44

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.....

P. O. Address.....

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.