S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1944

Registration District No. 1748

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31230

Primary Registration District No. 5636

Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town WASHINGTON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSAGE FORK RIVER
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County WRIGHT 114
(c) City or town GROVE SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. R.L.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLOYD ELDON MOORE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR (Month) 11 (Day) 1931 (Year)

8. AGE: Years	Months	Days	If less than one day
13	5	22	hr. min.

9. Birthplace BAGNEL (City, town, or county) MO (State or foreign country)
10. Usual occupation SCHOOL BOY
11. Industry or business
MOTHER FATHER
12. Name TAYLOR MOORE
13. Birthplace (City, town, or county) OKLA (State or foreign country)
14. Maiden name JOSIE DORRIS
15. Birthplace GRAMS (City, town, or county) MO (State or foreign country)
16. (a) Informant Taylor Moore
(b) Address GROVE SPRINGS MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation DORIS CEM.
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) Sept-26-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3
year 1944 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death DROWND — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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) ACCIDENT 053
(b) Date of occurrence 9-3-44
(c) Where did injury occur? WASHINGTON TWP. (City or town) LACLEDE (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? OSAGE FORK RIVER (Specify type of place)
While at work? NO (e) Means of injury
23. Signature J D Stanton Coroner (M.D. or other)
Address Lebanon Date signed 9-4-44

1840 1317 3 4

1040 (Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 9-44-115

Date Filed 10/11/47

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 R. A. Palmer

Licensed Embalmer No. 1161

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.