No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30804

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: Warrensburg Clinic O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Minutes (Specify whether

In this community 1 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Mo 2 (If outside city or town limits, write "RURAL")

(d) Street No. 213 E Culton St 2 (If rural, give location) O

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roy Jennings Moree

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife LillianR Moree

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov (Month) 10 (Day) 1898 (Year)

8. AGE: Years 47 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Machinest

11. Industry or business

FATHER
12. Name Robert Lee Moree
13. Birthplace Henry Co (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Ida May Boblin
15. Birthplace Henry Co (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Millian R. Moree

(b) Address 213 E. Culton Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Engel Wood, Clinton Mo

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) Oct. 1, 1946 (Date received local registrar) (b) Savannah Overtoffield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1946 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from June, 1945, to Sept 29, 1946 that I last saw him alive on Sept 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 30 min

Due to Hypertensive Heart Disease

Due to Obesity

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93D

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)

(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? (e) Means of injury O

23. Signature [signature] (M. D. or other) MD

Address Warrensburg Mo. Date signed 10-1-46

147 (Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.