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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **32884**  
Registrar's No. **7**

Registration District No. **44** Primary Registration District No. **5149**

31712  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Caldwell**  
(b) City or town **Gower Twp. Rural**  
(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 **68 years**  
In this community **68 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Caldwell**  
(c) City or town **Gower Twp. Rural**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Dennis E. Moran**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **13**  
year **1946** hour **1:50** minute **A.**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Suey M. Moran**  
6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **July 5 1878**

21. I hereby certify that I attended the deceased from **July 1** 19 **46** to **Oct. 13** 19 **46**  
that I last saw him alive on **Oct. 10** 19 **46**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic Endocarditis with Mitral regurgitation.**

8. AGE: Years **68** Months **3** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

9. Birthplace **Caldwell Co Mo**  
10. Usual occupation **Farming**  
11. Industry or business **Stock Raising**  
12. Name **James Moran**  
13. Birthplace **Ireland**  
14. Maiden name **Bridget Ryan**  
15. Birthplace **Michic**

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

16. (a) Informant **James Moran**  
(b) Address **Natlelon Mo**  
17. (a) **Burial** (b) Date thereof **Oct 15, 1946**  
(c) Place: burial or cremation **Highland Cem, Hamilton Mo**  
18. (a) Signature of funeral director **Brown Funeral Home**  
(b) Address **Hamilton Mo**  
19. (a) **10-29-46** (b) **Mrs. Nell B. Jones**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(c) Date of occurrence \_\_\_\_\_  
(d) \_\_\_\_\_  
23. Signature **L. M. Dalrymple M.D.**  
Address **Hamilton, Mo** Date signed **10/20/46**

