

No. 2
-12-45
-17-39
EX47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21420**
Registrar's No. **107**

Registration District No. **155** Primary Registration District No. **5.579**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Marion**
(c) Name of hospital or institution: **Jasper Co TB Hospital**
(d) Length of stay: In hospital or institution **3 1/2 mo**
In this community **Life time** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Webb City**
(d) Street No. **407 No Webb**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Buford Moon**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Josie Moore** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 18, 1901**
(Month) (Day) (Year)

8. AGE: Years **45** Months **10** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Webb City, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Employee Rogers Foundry**

11. Industry or business
12. Name **Thomas Maurice Moore**
13. Birthplace **Green Co. Missouri**
14. Maiden name **Myrtle Brown**
15. Birthplace **no data Missouri**

16. (a) Informant **Widow Josie Moore**
(b) Address **Webb City, Mo.**
17. (a) **burial** (b) Date thereof **7/6-47**
(c) Place: burial or cremation **Carterville Ill.**

18. (a) Signature of funeral director **Hedge-Lewis Funeral Home**
(b) Address **Webb City, Mo.**
19. (a) **JULY 5; 1947** (b) **H. Tucker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **3** year **1947** hour **8** minute **10 a** M.
21. I hereby certify that I attended the deceased from **Month 21, 1947** to **July 3, 1947**
that I last saw him live on **July 2, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pulmonary Tuberculosis
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) _____
(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? _____
23. Signature **Jean E. Deuglan** (M. D.) _____
Address **Webb City, Mo** Date signed **7/5/47**

47-6-570

MAY 21 1948

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 Richard Gray Lewis
Licensed Embalmer No. 4405
P. O. Address Webb City, 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.