

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25030

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
Pike Co Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

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

(d) Street No. 223 South 25th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MICHAEL EUGENE MOORE

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

7. Birth date of deceased July 14 1947
(Month) (Day) (Year)

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

1 9 hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Henry Nowlin Moore

13. Birthplace Montgomery Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Louise Betts

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

16. (a) Informant Henry Nowlin Moore (father)

(b) Address 223 S. 25th st. Louisiana, Mo

17. (a) Burial (b) Date thereof 7/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Missouri

19. (a) 7/16/47 (b) Bernice Collins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 5:45 PM 15 M.

21. I hereby certify that I attended the deceased from time of birth
July 14, 1947 to July 15, 1947
that I last saw him alive on 7-15-47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis Duration 1 day

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: HA

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?.....

While at work?..... (Specify type of job) Means of injury.....

23. Signature Robert L. Audrease M.D. (M. D. or other)

Address Louisiana, Missouri Date signed 7/16/47

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

