S. No. 7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1947

Registration District No. 715

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37645

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County: Franklin

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 50years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: Union, Missouri 5
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME: James Minor Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mabel Moore

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: May (Month) 17 (Day) 1877 (Year)

8. AGE: Years 70 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace: Louisberg (City, town, or county) Penn (State or foreign country) 1

10. Usual occupation: Civil, Engineer

11. Industry or business: Engineer

MOTHER FATHER

12. Name: Charles E Moore

13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country) 1

14. Maiden name: Mary E Maiden

15. Birthplace: Pennsylvainia (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs Mabel Moore

(b) Address: Union, Missouri

17. (a) Union Cemetery (Burial, cremation, or removal) (b) Date thereof: Dec 5, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cemetery

18. (a) Signature of funeral director: Union Funeral Home

(b) Address: Union, Missouri

19. (a) Dec 4. 1947 (Date received local registrar) (b) F. T. Cooper F.C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1947 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 31, 19 to 12. 3, 1947; that I last saw him alive on 12. 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis and Diabetes Mellitus	10 yrs.
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: W. M. Denny (M. D. or other) M.D.

Address: Union Mo Date signed 12-4-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed: 12-10-47

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 Harlan H. Johannaber, Registered Apprentice No. 474, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2464

P. O. Address Washington 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.