No. 2
-1/47
17-39

6

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44637

Registration District No. 352 Primary Registration District No. 6193 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural Oliver
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DALE VINSON 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov - 16th 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Taney Co - Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Otis Burr Moore
13. Birthplace Taney Co - Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mae Yarrington
15. Birthplace Nevada, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Emma Cooper
(b) Address Branson, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt Grove Cemetery
18. (a) Signature of funeral director Buried by Family
(b) Address Rockaster, Mo
19. (a) 12-8-47 (Date received local registrar) (b) S E Copwell (Registrar's signature) 371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 2nd, 1947, to Dec. 3, 1947; that I last saw him alive on Dec. 2nd, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Don't Know —	
Due to Tumor on head —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Harry T. Evans (M. D. or other) M.D.
Address Branson, Mo. Date signed 12/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-64
Date Filed JAN 14 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.