No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11598
Primary Registration District No. 1000
Registrar's No. 426

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 22 days (Specify whether
In this community 6 weeks years, months or days)

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

3. (a) PRINT FULL NAME SHERMAN MORAN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Bell Moran
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 31 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	81	2	15	hr. min.

9. Birthplace Columbus (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business for self
FATHER
12. Name Elisha Moran
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Lavina Corder
15. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Oran Moran
(b) Address Fillmore Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore Mo
18. (a) Signature of funeral director G M Atchison
(b) Address Savannah Mo
19. (a) 4-17-48 (Date received local registrar) (b) E. C. Inkers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from Mch 23, 1948, to April 16, 1948 that I last saw him alive on April 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic abscess
Due to Sclerosis of liver
" Cortina
Due to Senility
Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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 E U Shackelford (M.D. or other) 100
Address 801½ Francis St Joseph Date signed 4/16/48

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

NOV 7 1940

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Greenwich 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.