

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29145

State File No. \_\_\_\_\_

FILED OCT 13 1948

Registration District No. 27

Primary Registration District No. 5-225

Registrar's No. 171

1. PLACE OF DEATH: Cass  
(a) County Cass  
(b) City or town Rural, Index Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5 miles south of Strasburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 years (years, months or days)

3. (a) PRINT FULL NAME KATHERINE MOORE  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Forrest W. Moore  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased May 28 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louisiana Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name William McLair  
13. Birthplace Chicago, Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Irene Henry  
15. Birthplace Fike Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest W. Moore  
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 9-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Wm. B. Binkert  
(b) Address Pleasant Hill, Mo.  
19. (a) Oct. 2-1948 (b) Diana J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cass  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 Miles South of Strasburg  
(If rural, give location) no  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 1948  
year 1948 hour 10 minute 12 P.M.

21. I hereby certify that I attended the deceased from 9-13-48 to 9-21-48  
that I last saw him alive on 9-21-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis, progressive  
Due to Hypertension, essential  
Duration 3 wks

Due to g3D  
Other conditions Pneumonia, hepatic & duodenal  
(Include pregnancy within 3 months of death) life

Major findings: None performed  
Of operations: None performed  
Of autopsy: None performed

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 place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. Binkert (M. D. or other) MD  
Address Pleasant Hill Mo. Date signed 9-24-48

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

MOTHER FATHER

OCT 19 1948

NOV 3 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 *Allen Brumfield*

Licensed Embalmer No. *3785*

P. O. Address. *Cleveland Hill, W.*

**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.**