S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 30 1948

Registration District No. 2483

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30575

Primary Registration District No. 5915

Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural Central
(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 years, months or days)
In this community: 59-9-23

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Rural 8
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Rosati J. Moore
3. (b) If veteran, name war:
3. (c) Social Security No.: 490-14-3362

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Magdaline Moore
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: November (Month) 22 (Day) 1888 (Year)

8. AGE: Years 59 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Ware house Employee
11. Industry or business: Farmers Co-Op

FATHER
12. Name: Thomas R. Moore 0
13. Birthplace: Perry co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary L. Feltz 0
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Magdaline Moore
(b) Address: Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.
19. (a) 9-20-48 (Date received local registrar) (b) Joel Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from July 10 1947 to Sept 15 1948 that I last saw him alive on Sept 13 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 hrs.
Due to: Chronic enlarged heart	5 yrs
Due to: Coronary Sclerosis	5 yr.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: X
Of autopsy: 944

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

23. Signature: O A Carron (M. D.)
Address: Perryville Mo Date signed: 9-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No. 4

District File Number 948-1229

Date Filed 9-29-48

OCT 1 1948

OCT 2 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 Edwards Funeral

Licensed Embalmer No. 2138

P. O. Address Bonneville 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.