S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

Registration District No. 285

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5896

State File No. 40955

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Foil, ~~Noble~~, Rural, Noble
(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 .....

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

3. (a) PRINT FULL NAME: Charley J. Moore
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pheba Moore
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: 8-26-1861 (Month) (Day) (Year)
8. AGE: Years 87 Months 3 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace: ----- Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....

FATHER
12. Name: Asberry Moore
13. Birthplace: ---- Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine Hill
15. Birthplace: ------ Va. (City, town, or county) (State or foreign country)

16. (a) Informant: W. A. Moore
(b) Address: Houston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Murray
18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri
19. (a) 12-11-48 (Date received local registrar) (b) Mae Johnson (Registrar's signature) 243

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1948 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Natural causes	
Cerebral hemorrhage	
Due to: Instant	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 5 cm	

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: M. J. Hoerman DO (M.D. or other)
Address: Gainesville, Mo. Date signed: 12/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1412
Date Filed 12-31-48

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Greenville 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.