

FILED MAR 5 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5483

BIRTH NO. <u>9</u>		REG. DIST. NO. <u>192</u>		PRIMARY REG. DIST. NO. <u>4307</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South West City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South West City, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Munroe</u>		c. (Last) <u>Moore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 17 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 9 1870</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James P. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Tucker</u>			14. NAME OF HUSBAND OR WIFE <u>Lottie Moore (Dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alpha J. Moore</u>		ADDRESS <u>Carthage, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>11-1-48</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u>						b-1-48	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		<u>Southwest City McDonald Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov 1 1948</u> until <u>Feb 17, 1949</u> and that death occurred at <u>3:55 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R.E. Wasmack</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Southwest City Mo</u>			23c. DATE SIGNED <u>2-18-49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>6 Mi. North Southwest City</u>			
DATE REC'D BY LOCAL REG. <u>2-19-49</u>		REGISTRAR'S SIGNATURE <u>Virginia Buck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Pope</u>		ADDRESS <u>Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 61

District File Number 349-215

Date Filed 3-3-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. Morris Vague

Licensed Embalmer No. 3447

P. O. Address

Wheaton, 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.