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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11430

State File No. ....

Registration District No. 574

Primary Registration District No. 5227A

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town Lepus Larner Twp.  
(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  
In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monticau

(c) City or town Lepus  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William David Moore

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1941 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 10, 1940, to March 27, 1941; that I last saw him live on 2-25, 1941 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if Jan Moore alive \_\_\_\_\_ years

7. Birth date of deceased Sept 22-1863  
(Month) (Day) (Year)

Immediate cause of death Pneumonia Bronchitis

Due to J.B. suspect

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 106A

8. AGE: Years 77 Months 6 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William David Moore

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Wiley Langston

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Phewer Moore

(b) Address Lepus

17. (a) Burial (b) Date thereof 3/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hooker Cemetery

18. (a) Signature of funeral director William J. Mackey

(b) Address California Mo

19. (a) April 1, 1941 (b) Libbie Neal  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature J.L. Meredith (Specify type of place) (M. D. or other) Physician  
While at work (e) Means of injury \_\_\_\_\_  
Address Lepus Home Mo Date signed 3/27/41

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

**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..... *Hugh E Williams*.....

Licensed Embalmer No..... *3537*.....

P. O. Address..... *California M*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**