S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11879

State File No.

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits write "RURAL")
(d) Street No. S. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jacob B. Moore
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 1. Lauray Moore 2. Alverda Moore
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec (Month) 3 (Day) 1855 (Year)

8. AGE:	Years	Months	Days	If less than one day
84	84	3	26	hr. min.

9. Birthplace Epworth Iowa (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Silas B. Moore
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Wyant
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kate Ashford
(b) Address Maryville Mo
17. (a) Miriam Burial (Burial, cremation, or removal) (b) Date thereof 3 31 40 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) 4-7-40 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 29 year 1940 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 14, 1939, to 3/29, 1940
that I last saw him alive on 3/29, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2
Acute urinary retention	?
Hypertrophy of prostate	2
Due to	
Due to	

137

Other conditions Senility
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings:
Of operations
Of autopsy

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?
556
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. F. Dyhring (M. D. or other)
Address Burlington Jct
Date signed 4/1/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 4540-210
Date Filed APR 16 1940

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 W. Dean Campbell, Registered Apprentice No. _____ working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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, above space should be left blank.