

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36808

State File No.

Registrar's No. 367

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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 10 Days
In this community Life years, months or days

3. (a) PRINT FULL NAME Jacob Moore
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married: widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 18 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 13 If less than one day hr. min. 0

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

10. Usual occupation
11. Industry or business odd jobs

12. Name William Moore
13. Birthplace Pittsburg Penn
(City, town or county) (State or foreign country)

14. Maiden name Christlemilk
15. Birthplace Not known
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Honey Thilie
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Nov 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Russell Wright
(b) Address McLouth B & Co

19. (a) 11-7-1946 (b) G.C. Summers
(Date received local Registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 15
1946 to Nov 1, 1946
that I last saw h. i. m. alive on Nov 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to perforation of stomach & bowels
Due to ?

Other conditions (Include pregnancy within 3 months of death) 129

Major findings: Of operations
Of autopsy Peritonitis Perforated stomach & jejunum

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 U

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 11/6/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1146-284
Date Filed 11-12-46

DEC 4 1946

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 B. H. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.