

MAY 13 1940

Registration District No. _____

294

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Franklin
 (b) City or town Rural-Central Township
 (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 _____
 years, months or days 650

3. (a) PRINT FULL NAME Martha Ann Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John Moore 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased October 7, 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 6 20 hr. min.9. Birthplace Saint Clair Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew J. Walls13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Victoria Johnson15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address Saint Clair, Missouri.17. (a) Burial (b) Date thereof April 30, 19
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Saint Clair, Missouri.18. (a) Signature of funeral director Cady & Fenox(b) Address Saint Clair, Missouri.19. (a) May 9, 1940 (b) W. H. Duckworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin(c) City or town Saint Clair-Rural
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1940 hour 2 minute 15⁰ M.21. I hereby certify that I attended the deceased from April 25th 1940, to April 27th 1940
that I last saw her alive on April 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia 48 HRS.
Due to _____

Due to _____

Other conditions Leucemia 4 yrs.
(Include pregnancy within 3 months of death)Major findings:
Of operations ✓ 72 HOf autopsy ✓

Duration

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? 267

While at work _____ (Specify type of place) (Means of injury)

23. Signature W. E. Ketchell (M. D. or other)Address Saint Clair Date signed _____

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



Licensed Embalmer No. 3601

P. O. Address. Saint Clair, Missouri.

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.