

JUN 13 1940 79
Registration District No. **79**

Primary Registration District No. **5036**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **AUDRAIN**
(b) City or town **RURAL - Saling**
(If outside city or town limits, write "RURAL" and name of town)
(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 **1 day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain**
(c) City or town **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 **29**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Prematurity 7 1/2 months
Due **anatomical defect of respiratory system.**
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **John W. Anderson**
Address **Cuba 210** Date signed **5/2/40**

3. (a) PRINT FULL NAME **PAUL EDWARD MOORE**
3. (b) If veteran, name war _____
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 29 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Audrain Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Wilson Moore**
13. Birthplace **Randolph Co. Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Ruth Woodruff**
15. Birthplace **Randolph Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilson Moore**
(b) Address **Clark Mo**

17. (a) **Burial** (b) Date thereof **April 30 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Barnes & Booth**

18. (a) Signature of funeral director **Barnes & Booth**
(b) Address **Sturgeon Mo**

19. (a) **May 2 1940** (b) **W. Booth**
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

P. O. Address.....

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.