

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 299

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

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: Bothwell Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia Rural  
(d) Street No. RFD # 5  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME James Harvey Moon

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 Single

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

7. Birth date of deceased June 6 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>4</u>	_____hr. _____min.

9. Birthplace Fortuna Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Jasper Moon

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

14. Maiden name Sarah A. Akin

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

16. (a) Informant E.F. Moon

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Mo.

(b) Address \_\_\_\_\_

19. (a) 10/13/41 (b) Ans Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th  
year 1941 hour 11.35 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 12th  
19 41 to Oct 10 19 41;  
that I last saw h. in live on Oct 10th 19 41;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Transverse Colon

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

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

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

Major findings: Of operations None

Of autopsy Above diagnosis confirmed Post mortem

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(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? no

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. B. Carlisle M. N. (M. D. or other)

Address Sedalia Mo Date signed 10-10-41

Duration

2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-4-41

**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 L. E. Beirdlin  
Licensed Embalmer No. 3867  
P. O. Address Seadulia 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.