

FILED FEB 27 1942

Registration District No. 107

Primary Registration District No. 3008

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether  
In this community Three years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 Vine Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1942 hour 7:15 minute A.M.  
21. I hereby certify that I attended the deceased from 11:18, 1942, to 11:22, 1942  
that I last saw her alive on 11:21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days  
Due to arteriosclerosis

Due to .....

Other conditions chr. myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 830  
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) .....

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

23. Signature Henry Dunt (M. D. or other) H.D.  
Address Fulton, MO Date signed 1/23/42

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

4. Sex 4 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife .....

7. Birth date of deceased October 19 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>3</u>	hr. min.

9. Birthplace Cedar Falls Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business .....

MOTHER FATHER { 12. Name Asa J Moore  
13. Birthplace Wisc 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Marney Poole  
15. Birthplace Wisc 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otto Allgeyer  
(b) Address 1207 Vine St. Fulton, Mo.  
17. (a) Burial (b) Date thereof Jan 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Geo H Wallace  
(b) Address Fulton, Missouri  
19. (a) 1-23-42 (b) James Monahan  
(Date received local registrar) (Registrar's signature)

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

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**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 Owen J. Bozinger  
Licensed Embalmer No. 3940  
P. O. Address 7446 1/2 St. Fulton 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.**