

664

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

FILED AUG 14 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 24 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary M 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 married

6. (b) Name of husband or wife John Moore / 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 3 1942  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Bud Jefferies

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Cramer

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant John H Moore  
(b) Address Sedalia

17. (a) Burial (b) Date thereof 7/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamine Cemetery

18. (a) Signature of funeral director M. Laughlin  
(b) Address Sedalia Mo  
19. (a) 7/9/42 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5-17 W-6  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 :  
year 1942 - 2 hour 20 minute P M.

21. I hereby certify that I attended the deceased from July 4-42  
....., 1942 to July 8 1942  
that I last saw her alive on July 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Fall on side Duration  
walk striking back of  
head on pavement  
Due to Probably slight stroke  
caused her to fall

Other conditions (Include pregnancy within 3 months of death) 186 a

Major findings: 18  
Of operations .....  
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: accident

(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence July 4-42 133  
(c) Where did injury occur? In part of her home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury Started to fall on

23. Signature J. Mitchell (M. D. or other) MD  
Address Sedalia Mo Date signed 7-9-42

RECEIVED

District-Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-10-42

**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. 3745

P. O. Address Seaside

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.