

FILED JUN 14 1943

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sale-Bowman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)

In this community 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 304 W. Mt Vernon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME E. LEO MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-05-2376

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ETHEL MOORE 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased JANUARY 28, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace WEBSTER Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name John S. Moore

13. Birthplace WEBSTER Co. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN HICKS

15. Birthplace WEBSTER Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Moore

(b) Address Springfield Mo.

17. (a) Removal (b) Date thereof May 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmetto Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Neosho MISSOURI

19. (a) 5-28-1943 (b) Corby Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 26, 1943, to May 27, 1943 that I last saw him alive on May 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Double lobar pneumonia

Due to _____

Due to _____

Other conditions 104
(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) _____
Means of injury _____

23. Signature Queladale (M. D. or other) M.D.

Address Neosho Mo. Date signed 5-27-43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Date Received JUN 7 1943

File No. 643-105

JUN 10 1943

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

Ogle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address *Neosho 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.