

**FILED SEP 22 1943**  
Registration District No. **543**

Primary Registration District No. **3037 5655** Registrar's No. **157**

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

**1. PLACE OF DEATH:**

(a) County Lawrence

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

(c) Name of hospital or institution: Marion Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community years, months or days)

**3. (a) PRINT FULL NAME** Shirley Ann Moore

**3. (b) If veteran,** name war X

**3. (c) Social Security** No. X

**4. Sex** Female **5. Color or race** wh

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

**6. (b) Name of husband or wife** X

**6. (c) Age of husband or wife if alive** X years

**7. Birth date of deceased** Sept 12 1943  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>5</u>	hr. min.

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

**10. Usual occupation** at home

**11. Industry or business** X

**12. Name** Johnny Moore

**13. Birthplace** Marion Mo  
(City, town, or county) (State or foreign country)

**14. Maiden name** Anna Elizabeth

**15. Birthplace** Marion Mo  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Grace Moore

**(b) Address** Marion Mo

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 9/18/43  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Severn Cemetery

**18. (a) Signature of funeral director** Geo B Orr

**(b) Address** Marion Mo

**19. (a) 9-24-43** **(b) Andy Gault**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 18 year 1943 hour 2 minute 2 A.M.

**21. I hereby certify that I attended the deceased from** Sept 12, 1943, that I last saw him alive on Sept 17, 1943, and that death occurred on the date and hour stated above.

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

Pneumonia  
Aspirating vomit

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 161 a

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) (a) Means of injury ○

**23. Signature** P. A. Helms (M. D. or other) \_\_\_\_\_  
Address Marion Mo Date signed 9-18-43

Duration 1 day

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1380

RECEIVED

District Health Officer No. 6,

District File Number 9431122

Date Filed SEP 21 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~~.....

was not embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

7th Vernon 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.