

Registration District No. 17 Primary Registration District No. 7016 Registrar's No. 2

1. PLACE OF DEATH:

(a) County HITCHISON

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

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

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

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME DONALD RAY MOORE

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 2 19 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TARKIO MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name HOMER MOORE

13. Birthplace ST JOSEPH MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE HARPER

15. Birthplace SPARTY MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Bonnie Meow

(b) Address Tarkio Mo

17. (a) BURIAL (b) Date thereof 2-2-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulvey Cem.

18. (a) Signature of funeral director Great Burial Home

(b) Address Rock Port Mo

19. (a) Feb 2 1944 (b) Mr. H. D. Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hitchison

(c) City or town Tarkio  
(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 FEB. day 1  
year 1944 hour 6 minute 2 A. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1944 to Feb. 1, 1944;  
that I last saw him alive on Jan - 31 -, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to Influenza

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

Other conditions (include pregnancy within 3 months of death) 33a

Major findings: 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:

(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)

(e) Means of injury 0

23. Signature J. M. Davis (M. D. or other)  
Address Tarkio Mo Date signed 2-1-44

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

**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.....

*Grant Borchertman*

Licensed Embalmer No. *3173*

P. O. Address.....

*Rock Port, Mo*

*This body was not Embalmed*

**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.**