

FILED APR 12 1944

Registration District No. 22

Primary Registration District No. 5949

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural - Cuver Twp
(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 No
(Specify whether years, months or days)

In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. Cuver Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Luey M. Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1944 hour 9 minute 9 M.

4. Sex Female

5. Color or race White

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

6. (c) Age of husband or wife if alive 17 - 1862 years

7. Birth date of deceased: July (Month) 17 (Day) 1862 (Year)

21. I hereby certify that I attended the deceased from _____ 1923 to _____ 1923
that I last saw her alive on March 20 1924
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>6</u>	hr. min.

Immediate cause of death Cerebral Apoplexy

Duration 6 days

9. Birthplace Buffalo township Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Refus Booch

13. Birthplace D. K. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hedges

15. Birthplace Buffalo township Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Booch

16. (a) Informant Frank Gammon

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director W. B. Elmore

(b) Address Bowling Green

19. (a) 3-30-44 (b) Mrs. Frank Hedges
(Date received local registrar) (Registrar's signature)

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 Frank Gammon (M. D. or other) _____
Address Bowling Green Mo Date signed 3/24/44

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

RECEIVED
 District Health Officer No. 10
 District File Number 4-44-748
 Date Filed APR 11 1944

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 H.B. Chmorc

Licensed Embalmer No. 3466

P.O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.