

FILED OCT 19 1944

Registration District No. 16

Primary Registration District No. 4030

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Golden City
(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 _____
In this community about 40 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paschal Lewis Moore

3. (b) If veteran, name war none 3. (c) Social Security No. 496-10-1613

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Friesner Moor 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 20, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace _____ / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Frank Moore

13. Birthplace _____ / Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Bishop

15. Birthplace _____ / Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Bill Moore

(b) Address U. S. Army Alabama

17. (a) Burial (b) Date thereof Sept 18, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden City, Mo

18. (a) Signature of funeral director GIBSON FUNERAL HOME
Lamar, MO.

(b) Address _____

19. (a) Sept 16, 1944 (b) Alice Hetterlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1944 hour _____ minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 10 - Sept 14 1944 to Sept 14 1944 that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Duration about two years

Due to _____

Due to 46 lb

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____

23. Signature J. M. [unclear] (M. D. or other) _____
Address Golden City, Mo Date signed 9-16-44

1375

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

RECEIVED

District Health Officer No. 6,

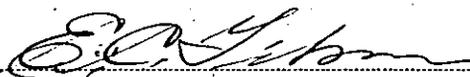
District File Number 1044-1077

Date Filed OCT 17 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 

E. C. Gibson
Licensed Embalmer No. 4137

P. O. Address 1201 Edwy Lamar, 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.