

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Rural, N. Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.F.D. 5**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **GREENE**  
(c) City or town **Rural, Springfield-N. Campbell**  
(If outside city or town limits, write "RURAL") **Twp.**  
(d) Street No. **R.F.D. - 5**  
(If rural, give location)  
(e) Citizen of foreign country?.....  
(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MATILDA BILLINGS MOORE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **UNK.**

4. Sex **Female** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **Dec. 1879**

7. Birth date of deceased **June 30, 1879**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **12** If less than one day  
hr. min.

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

10. Usual occupation **DOMESTIC**

11. Industry or business

12. Name **MAJOR MOORE**

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

14. Maiden name **CANNY UNKNOWN**

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

16. (a) Informant **MRS. ELLA THOMPSON**

(b) Address **R.F.D. - 5 - Spfld., Mo.**

17. (a) **BURIAL** (b) Date thereof **5-15-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LINCOLN MEMORIAL**

18. (a) Signature of funeral director **James B. Clark**

(b) Address **702 N. JEFFERSON, Spfld., Mo.**

19. (a) **5-15-45** (b) **B. W. H. H. H.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **12**  
year **1945** hour **4** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **May 7th**, 1945, to **May 12th**, 1945;  
that I last saw **her** alive on **May 11th**, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis** Duration

Due to **Residual Pneumonia**

Due to

Other conditions.....  
(Include pregnancy within 3 months of death) **None**

Major findings:  
Of operations **None**

Of autopsy **None**

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)..... **None**

(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?  
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature **James B. Clark** (M. D. or other)

Address **716 Benton** Date signed **5-14-45**

JUL 25 1944

JUN 5 1945

NOV 2 1945

SEP 10 1945

JUN 26 1945

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 Herbert V. Smith

Licensed Embalmer No. 7286

P. O. Address Springfield 74

**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.**