

FILED MAY 16 1945
Registration District No. 152

Primary Registration District No. 4204

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Laredo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Laredo
(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 Franklin Luther Moore

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu Moore 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan 14 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Manford Moore
13. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martina Johnson
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant M.F. Moore
(b) Address Galt Mo.

17. (a) Burial (b) Date thereof 4 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laredo Cemetery

18. (a) Signature of funeral director E.D. Robertson Funeral Home

(b) Address Laredo Mo.

19. (a) 4-25-45 (b) L.S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-7-1944 to 4-22-1945
that I last saw him alive on 4-21-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease (Metral regurgitation)
Due to _____
Duration ?

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Q2K
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? _____

(Specify type of place) While at work? _____ (e) Means of injury Q2K

23. Signature W.C. Weston (M. D. or other) M.D.
Address Galt, Mo. Date signed 4-22-45

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

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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 John M Robertson
Licensed Embalmer No. 4388
P. O. Address Laredo Md

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.