

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1500 Sophia St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 Sophia St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
It yes, name country

3. (a) PRINT FULL NAME FRANK B. MOORE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna K. Marsh Moore 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 4, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business

MOTHER FATHER
12. Name Calloway B. Moore
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Laura Griffin
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. B. Moore
(b) Address 1500 Sophis, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-45
(Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 12-6-45 (b) L.B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30, year 1945 hour 10: minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 30, 1945 to Nov 30, 1945; that I last saw him alive on Nov 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940 Of autopsy

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 salary

23. Signature J.E. Berdman (M. D. or other) Address Carthage Mo Date signed 12/6/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Edlellmer*

Licensed Embalmer No..... *2222*

P. O. Address..... *Carthage*

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.