

FILED MAY 15 1947

Registration District No. **62**

Primary Registration District No. **4108**

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXXXX (Specify whether
In this community All of life
years, months or days)

3. (a) PRINT FULL NAME NELSON HENRY MOORE

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

4. Sex MO 5. Color or race W- 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Alice Moore 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: December 5, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>28</u>	<u>X</u> hr. <u>X</u> min.

9. Birthplace Dadeville, Dade County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXXX

12. Name John Moore
13. Birthplace Unknown (City, town, or county) (State or foreign country) **9**
14. Maiden name Nancy McGuire
15. Birthplace Unknown (City, town, or county) (State or foreign country) **d**

16. (a) Informant Jessie Brown **1**
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 5-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hindley Prairie Church, Deale

18. (a): Signature of funeral director Stockton, Mo.

(b) Address Stockton, Mo.

19. (a) 5-10-47 (b) Renewal Garrison
(Date received local registrar) (Registrar's signature) **54**

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar **20**
(c) City or town Stockton **0**
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXXX **0**
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1947 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1 1947 to May 3 1947
that I last saw him alive on May 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: ventricular fibrillation
slow over 100 bpm
Duration 4 days
10 days

Due to _____
Due to _____

Other conditions: 108
(Include pregnancy within 3 months of death)

Major findings: 108
Of operations _____
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?

While at work? _____ (Specify type of place)
(a) Means of injury DT?

23. Signature [Signature] (M. B. brother) **3-47**
Address Stockton, Mo. Date signed 5-3-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 4-4-2-578
Date Filed 5-14-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.