

FILED AUG 14 1947

Registration District No. 2486331

Primary Registration District No. 331 4486

Registrar's No. 6

## 1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Benton at Felker Park on highway 61  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 13(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whetherIn this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Billy Joe 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased March 18 1935  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
12 4 15 hr. min.9. Birthplace Vanhusen Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Jess Moore13. Birthplace Clarksville Arkansas  
(City, town, or county) (State or foreign country)14. Maiden name Erma Whitson15. Birthplace Jasper, Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Aug 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park(d) Signature of funeral director Orville Taylor(e) Address Selcator Missouri19. (a) Aug 6th 1947 (b) Mrs Addie Harris  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100  
(c) City or town Rural - Base line RD  
(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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

accidental drowningDue to Asphyxiation

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
-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) Accident 100(b) Date of occurrence August 3, 1947 100(c) Where did injury occur? Benton Scott Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Felker Park, Benton Mo.  
(Specify type of place)While at work? no (e) Means of injury drowning23. Signature Orville Taylor (M.D. or other) Coroner 03Address Selcator Mo Date signed 8-4-47

RECEIVED

District Health Office No.

District File Number 847-1

Date Filed 8-12-4

---

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 *W. E. Brown* .....

Licensed Embalmer No. *4399*

P. O. Address *Poplar Bluff*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**