

FILED SEP 24 1947

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 293

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1120 West Henry
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

In this community _____
(Specify whether years, months or days)
 3. (a) PRINT FULL NAME Frederick Moore
 3. (b) If veteran, name war *****
 3. (c) Social Security No. *****

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August, day 24, year 1947 hour 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from 8-24, 1947 to 8-24, 1947.
 that I last saw him alive on 8-24, 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced *****
 6. (b) Name of husband or wife *****
 6. (c) Age of husband or wife if alive ***** years
 7. Birth date of deceased August 24, 1947
(Month) (Day) (Year)

Immediate cause of death Respiratory Paralysis
 Due to Immaturity
 Due to _____
 Other conditions 158
(Include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|----------|----------|----------|-----------------------------|
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>5</u> hr. <u>43</u> min. |

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

10. Usual occupation *****
 11. Industry or business *****

MOTHER FATHER
 12. Name Irving H. Moore
 13. Birthplace LaCade County, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Anderson
 15. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Irving H. Moore (father)
 (b) Address 1120 West Henry, Sedalia, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/47
(Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Diane Ewing
 (b) Address Sedalia, Missouri
 19. (a) 8/25/47 (Date received local registrar) (b) Betty Yeager (Registrar signature)

Major findings: 158
 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? 0

While at work? _____
(Specify type of place) Means of injury _____
 23. Signature J. M. Rodman (M. D. or other) MD
 Address Sedalia, Mo. Date signed 8-25-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-23-47

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

Shane Ewing

Licensed Embalmer No.

3877

P. O. Address

Seaboard

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.