

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

Registration District No. 42

Primary Registration District No. 5130

1. PLACE OF DEATH:

(a) County BUCHANAN  
 (b) City or town Rush Township, RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.F.D. NO. 2, Rushville  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether  
 In this community 70 YEARS  
 years, months or days)

3. (a) PRINT FULL NAME MARY CATHERINE MOORE

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

4. Sex FEMALE 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 alive \_\_\_\_\_ years

7. Birth date of deceased DEC. 15, 1867  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>79</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace BUCHANAN CO. MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

12. Name ROBERT MOORE  
 13. Birthplace BELFAST IRELAND  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH HONEER  
 15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANDREW MOORE

(b) Address RUSHVILLE, MO.

17. (a) BURIAL (b) Date thereof 11-12-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK - RUSHVILLE, MO.

18. (a) Signature of funeral director Wm. S. Stanton

(b) Address ATCHISON, MO.

19. (a) 11-14-47 (b) E. K. Jenkins  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN  
 (c) City or town RUSHVILLE RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. NO. 2  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10TH  
 year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 30, 1947, to Nov 10, 1947;  
 that I last saw her alive on Nov 9, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Gastric hemorrhage Duration 3 days  
 Due to Ruptured esophageal varix 3 days  
 Due to Hypertensive cardiac-vascular disease - chronic years  
 Other conditions hypertension  
 (Include pregnancy within 3 months of death)  
sterility

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) \_\_\_\_\_  
 (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)  
 (9) Means of injury \_\_\_\_\_  
 23. Signature Wm. S. Stanton (M. D. or other)  
 Address 114 So. 7th Date signed 11-12-47

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**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 Wm Stanton Jr

Licensed Embalmer No. 3778

P. O. Address Atchison, Kan

**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.**