

No. 2
1-1/47
5-17-39

FILED APR 26 1948
Registration District No. **3**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Fay Moore**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **unknown**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bob Moore**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased: **June 4 1887**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	21hr.min.

9. Birthplace: **Mount Vernon Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

MOTHER FATHER

11. Industry or business

12. Name **Lewis Stearns**

13. Birthplace **unknown Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Swearingen**
unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel McMichael, Record Clerk**
(b) Address **Mo. State San., Mount Vernon, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb 27 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Summit Cemetery**

18. (a) Signature of funeral director **H. P. Fossett**

(b) Address **Millerton Mo.**

19. (a) **4/1/48** (Date received local registrar)

(b) **DR. Hilsbrud** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**

(c) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route # 2**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25**
year **1948** hour **1** minute **30 p.M.**

21. I hereby certify that I attended the deceased from **January 27**, 19**48**, to **February 25**, 19**48**
that I last saw h. or alive on **February 25**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung over 7mo.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **470**

PHYSICIAN

Major findings: **Extensive involvement of rt lung, mediastinum**

Of autopsy: **pericardium**

Underline the cause of 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)

(e) Means of injury

23. Signature **J. F. Hayward** (M. D. or other) **M.D.**
Mo. State San., Mount Vernon, Mo. Date signed **2-25-48**

RECEIVED

District Health Officer No. 6;

District File Number 448-500

Date Filed APR 23 1948

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.....

By me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

May L Fossett

Licensed Embalmer No.....

4252

P. O. Address.....

M. W. Wilson, Mo

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.