

FILED JUN 18 1948

State File No. \_\_\_\_\_

Registration District No. 4

Primary Registration District No. 3072

Registrar's No. 125

1. PLACE OF DEATH: Saline  
 (a) County Saline  
 (b) City or town Marshall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Fitzgibbon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Saline  
 (c) City or town Stater  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Essie Lee Moore

3. (b) If veteran, name war 2  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Colored  
 (Specify race)  
 6. (a) Single widowed married  
divorced married

6. (b) Name of husband or wife Lela E Moore  
 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June - 1 - 1878  
 (Month) (Day) (Year)

8. AGE: 70 years 0 Months 8 Days  
 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Glasgow Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

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

MOTHER FATHER  
 12. Name Don't know  
 13. Birthplace Don't know  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lela E Moore

(b) Address Stater Mo

17. (a) Burial (b) Date thereof 6-11-48  
 (Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation manu mo

18. (a) Signature of funeral director Stacy Jones & Sager  
 (b) Address Stacy Mo

19. (a) 6-11-1948 (b) R. Sidney Gray  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: month June day 9<sup>th</sup>  
 year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 9 1948  
 that I last saw him alive on June 9 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive  
 Due to Chronic interstitial  
neuron 4 days

Other conditions diabetes 396  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 1370

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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0  
 Address [Address] Date signed 6/10/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-17-48

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

*James E. Jones*  
Licensed Embalmer No. 314

P. O. Address State N

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.