

FILED JUL 19 1948

Registration District No. 109MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 23563Primary Registration District No. 3043Registrar's No. 223

1. PLACE OF DEATH:

(a) County MARION
 (b) City or town HANNIBAL - MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
LEVERING HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 DAYS
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME LOYD - F - MOORE3. (b) If veteran,
name war _____

3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
 divorced MARRIED
 6. (b) Name of husband or wife ESSIE MAY - MOORE 6. (c) Age of husband or wife if
 alive 61 years
 7. Birth date of deceased OCT - 5 - 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 6 hr. min.

9. Birthplace ROLLS CO. MO.
(City, town, or county) (State or foreign country)10. Usual occupation TRUCKER11. Industry or business TRUCK

12. Name JAMES - MOORE
 13. Birthplace ROLLS CO. MO.
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY - ACKRIDGE
 15. Birthplace ROLLS CO. MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant Essie May Moore(b) Address PERRY MO.17. (a) BURIAL (b) Date thereof 7-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LADONIA - MO.18. (a) Signature of funeral director Clyde Willey(b) Address PEARY MO.19. (a) 7-15-48 (b) D. E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ROLLS
 (c) City or town PERRY - MO.
 (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 JULY day 11
 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-5-48
 _____, 19 _____, to 7-11-48, 19 48
 that I last saw him alive on _____, 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 daysDue to Arterial hypertension ?

Due to _____

Other conditions terminal Uremia 5 days
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy g. 2/1

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) (e) Means of injury 023. Signature D. E. Moore (M. D. or other)Address Hannibal, Mo. Date signed 7/13/48

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.....

Licensed Embalmer No. 3820

P. O. Address..... Lerry, 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.