

Registration District No. 108

Primary Registration District No. 5423

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town ARBYRD RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Line, 7 miles North Leachville, Ark.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DUNKLIN **35**
(c) City or town ARBYRD Rto 1
(If outside city or town limits, write "RURAL") **3**
(d) Street No. _____
(If rural, give location) **3**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME WILLIAM GUY MOORE

3. (b) If veteran, name war None 3. (c) Social Security No. ~~XXXX~~

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Idorado, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas J. Moore

13. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

14. Elizabeth Unknown Indio
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. Informant Lynlog E. Moore

(b) Address Arbyrd, Mo

17. (a) Burial (b) Date thereof 7-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu Cemetery - Arbyrd, Mo

18. (a) Signature of funeral director Edward Frankel Sevia

(b) Address Leachville Ark

19. (a) 9-8-48 (b) Mrs J. H. Daniels
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from never
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of neck Duration _____

Due to Train hitting the pickup truck he was driving

Other conditions unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations I.T.O.C. **PHYSICIAN**

Of autopsy none done **3**
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) accident

(b) Date of occurrence 16 July 48 **1946**

(c) Where did injury occur? State line between Ark & Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. N. Rodman (M. D. or other) **MD**

Address Leachville Ark Date signed 30 July 48

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

MOTHER FATHER

RECEIVED
Licensing Health Office No. 2
District File Number 948-1142
Date Filed 9-10-48

SEP 14 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 _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed W. H. Howard
Licensed Embalmer No. 3959
P. O. Address Leschille, Ark

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.