

6-300
-10-47
-17-39
I 3906

Registration District No. 2793

Primary Registration District No. 6270

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural-Union township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution x (Specify whether)
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Union township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3: (a) PRINT FULL NAME Isaac M. Moore
3. (b) If veteran, name war x 3. (c) Social Security No. x

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15
year 1948 hour 6 minute 30 p.m.
21. I hereby certify that I attended the deceased from 11-27, 1948, to 12-15, 1948;
that I last saw him alive on 12-14, 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Millie J. Moore 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased: May-24-1864
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration
Due to Glomerulonephritis, Chronic 4 mo.
Due to

8. AGE: Years Months Days If less than one day
83 | 6 | 21 | x hr. x min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131B
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business Farm
12. Name Martin Moore
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Fatsie Martin
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7
16. (a) Informant Mrs. Mary Honeycutt
(b) Address Niangua, Missouri
17. (a) Burial (b) Date thereof: 12-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Niangua, Mo.
18. (a) Signature of funeral director Jex Tamey
(b) Address Marshall, Missouri
19. (a) 1-6-48 (b) Approved (Date received local registrar) (Registrar's signature) 593

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 J.
23. Signature Jed Blinn (M. D. or other) D.O.
Address Marshall, Mo. Date signed 12/30/48

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

Reg. No. _____
District _____
Date Filed _____

149 = 29
1 = 10 - 49

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 Alex Ramey
Licensed Embalmer No. 3312
P. O. Address Marshfield, 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.