

Registration District No. **FILED DEC 7 1944**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County **Clay**
 (b) City or town **Liberty**
 (c) Name of hospital or institution: **Her Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **34 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARTHA JANE MOORE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Wgo** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Walter H. Moore** 6. (c) Age of husband or wife if alive **60 years**
 7. Birth date of deceased **July 25 - 1887**
 (Month) (Day) (Year)

8. AGE: Years **57** Months **3** Days **18** If less than one day hr. min.

9. Birthplace **Wilmington N.C.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Wife - Domestic**

11. Industry or business

MOTHER FATHER
 12. Name **Joseph Davis**
 13. Birthplace **Wilmington N.C.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Pauline**
 15. Birthplace **Wilmington N.C.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Walter H. Moore**

(b) Address **316 N. Main - Liberty Mo.**

17. (a) **Burial** (b) Date thereof **Nov 16 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funerary Liberty Mo.**

18. (a) Signature of funeral director **Chas. Archua**

(b) Address **Liberty Mo.**

19. (a) **Nov 14 1944** (b) **Eden Early**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay** 24
 (c) City or town **Liberty** 2
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. **316 - N. Main**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
 year **1944** hour **8** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Sept 30 1944** to **Nov 18 1944**
 that I last saw him alive on **Nov 13 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus (Primary tumor)** Duration **3 year.**

Due to **48 1/2**
 Due to
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **—**
 Of autopsy **—**

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?

(Specify type of place) While at work? (e) Means of injury **0**

23. Signature **Arthur Malley** (M. D. or other **M.D.**)
 Address **Liberty Mo.** Date signed **11-14-44**

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

4
2
1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-12-74

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.