

Registration District No. 295

Primary Registration District No. 4179

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Sullivan  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Years.  
years, months or days

3. (a) PRINT FULL NAME JOHN W. MOORE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 8, 1901  
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Leasburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business Around small farm

12. Name George Moore

18. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Avery

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

16. (a) Informant's own signature Elsie Landing

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Dec. 10, '39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg Cemetery

18. (a) Signature of funeral director Wm. J. Suffer

(b) Address Sullivan, Missouri.

19. (a) 12-9-39 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8  
year 1939 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1939  
\_\_\_\_\_, 19\_\_\_\_, to Dec. 8, 19\_\_\_\_;  
that I last saw him alive on December 7, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia Duration 2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of autopsy No Autopsy

Duration

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

28. Signature [Signature] (M. D. or other) M. D.

Address Sullivan, Mo. Date signed \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Edgar W. Laffoon

Licensed Embalmer No.

33914

P. O. Address

Sullivan, 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, above space should be left blank.**