

Registration District No. 12 1940

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Cape Girardeau, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 Years
years, months or days

3. (a) PRINT FULL NAME John Louis 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 Married

6. (b) Name of husband or wife Martha Penturf 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 17, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 14 _____ hr. _____ min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER
12. Name Peter Moore
13. Birthplace Cape Girardeau County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Brown
15. Birthplace Cape Girardeau County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matthew Moore
(b) Address _____

17. (a) Burial (b) Date thereof Jan. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemt

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo. 121

19. (a) 1-1-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Smelterville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st.
year 1940 hour 9:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1939, to Jan 1, 1940;
that I last saw him alive on Dec. 31, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Branches Pneumonia 4 days
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) None
Major findings: Branches Pneumonia
Of operations _____
Of autopsy None

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)
(b) Means of injury _____
23. Signature Robert D. [unclear] (M. D. or other)
Address Cape Girardeau, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Howard Haman

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau*

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.