

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.

FILED FEB 15 1940

Registration District No. 203

Primary Registration District No. 5281

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Rural Platte Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 miles northeast of Smithville, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 0 6 miles northeast of Smithville
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Frank G. Moore

3. (b) If veteran, name war None

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 Nellie Holyfield

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 23 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10
1940 to Jan 10 1940
 that I last saw him alive on Jan 10 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to _____
 Due to _____
 Other conditions 92 W
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

Major findings:

Of operations _____
 Of autopsy _____

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

23. Signature J. F. Ruppel (M. D. certifier)
 Address Smithville Mo. Date signed 1-11-40

MOTHER FATHER

8. AGE: Years 56 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Clay County, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business Same

12. Name John M. Moore

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

14. Maiden name Nancy A. Corum

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

16. (a) Informant's own signature E. J. Moore

(b) Address Smithville, Mo. R F D

17. (a) Burial (b) Date thereof Jan. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McComas Mortuary

(b) Address Smithville, Missouri

19. (a) 1-12-40 (b) E. C. Hill
(Date received local registrar) (Registrar's signature)

01/21/10
File Number
St. Health Officer No. B
EIVED

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.....
Quinn Baggett

Licensed Embalmer No. 3940

P. O. Address.....**Smithville, Missouri**

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.