

No. 2-7
-10-39
17-39,
X2149Z

MAY 13 1940
Registration District No. **95**

Primary Registration District No. **1001**

Registrar's No. **477**

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **ST-JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MO-METH-HOSP-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1-DAY**
years, months or days _____

3. (a) PRINT FULL NAME **JAMES - MOORE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-18-0583**

4. Sex **Male** 5. Color or race **W. P.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Moore** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Jan 14 1880**
(Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Andrew Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **(Self)**

12. Name **L. K. Moore**

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

14. Maiden name **Nancy Taylor**

15. Birthplace **Ray Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma Moore**
(b) Address **Rt. 2 St Joseph Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr 28 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Cemetery**
(d) Signature of funeral director **Ray Clancy**
(b) Address **St Joseph Mo**

19. (a) **4/29/40** (Date received local registrar) (b) **J. G. Miller** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ANDREW**
(c) City or town **ST-JOSEPH - RURAL -**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #2**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1940** hour **10:45** minute **P** M.

21. I hereby certify that I attended the deceased from **4/24-40**
_____ 19____, to **4/25** 19____
that I last saw him alive on **4/25** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorage** Duration _____

Due to _____
Due to **§24**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **no**

PHYSICIAN
Underling, 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?
85 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **J. S. Stearns** (M. D. or other) _____
Address **2604 St Joseph Ave** Date signed **4/24/40**

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

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.....

John H. Hurley

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

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *23295 Joseph*

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.