

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 122

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Elizabeths' Hosp. Hannibal Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Larry Eugene Moore3. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife If

7. Birth date of deceased April

(Month)

7 1940  
(Day) (Year)

8. AGE:

Years

0

Months

0

Days

2

If less than one day

hr. min.

9. Birthplace Hannibal

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Lyman V. Moore13. Birthplace Hannibal

(City, town, or county)

Ill.

(State or foreign country)

14. Maiden name  Eunice Miller15. Birthplace Tipton

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant's own signature Lyman Moore(b) Address Hull Ill.17. (a) Burial (b) Date thereof Apr 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Akers Chapel Hull, Ill18. (a) Signature of funeral director Wm M. Smith(b) Address 902 Broadway, Hannibal, Mo19. (a) Apr 10 40 (b) N. C. Fisher  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike  
 (c) City or town Hull  
 (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 April day 9th  
year 1940 hour 5:00 P. Minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
April 7<sup>th</sup>, 1940, to April 9<sup>th</sup>, 1940;  
that I last saw him alive on April 9<sup>th</sup>, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Hemorrhagic Disease  
new born

Duration

6 hours

Due to

Due to Congruital

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations XOf autopsy X

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)

(e) Means of injury

23. Signature J. C. Bultman (M. D. or other) M.D.  
Address Hannibal Mo. Date signed 11/10/40

---

---

**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.....

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address..... Hannibal, 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.**