

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 3  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George Washington Moore

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

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

6. (b) Name of husband or wife Margaret E. Moore 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased June 17, 1845  
(Month) (Day) (Year)

8. AGE: Years 95 Months 0 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmers

11. Industry or business On Farm

MOTHER FATHER  
12. Name Edward A. Moore  
13. Birthplace Unknown Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Burrow  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur E. Moore  
(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof 7-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highwood cemetery

18. (a) Signature of funeral director Alvin Lehman  
(b) Address Springfield, Mo

19. (a) July 14, 1940 (b) W.E. Hurdley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1940 hour 10 minute AM

21. I hereby certify that I attended the deceased from May 1  
1940, to July 10, 1940  
that I last saw him alive on July 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to old age

Due to 97

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no  
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?  
no  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
Signature W. E. Hurdley (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo Date signed 7/12/40

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

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**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

*Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address *Springfield Ma*

**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:**