

Registration District No. 589

Primary Registration District No. 5787^a

23

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural near High Hill Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL ALAC MOORE

3. (b) If veteran, name war. No. 8. (c) Social Security No.

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

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

7. Birth date of deceased May 25 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name J. G. Moore

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

14. Maiden name Rosa Moore

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

16. (a) Informant J. G. Moore

(b) Address 1310 W. Lawrence

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

(c) Place: burial or cremation Mt Pleasant July 17-1940

18. (a) Signature of funeral director J. A. Moore

(b) Address Montgomery City Mo

19. (a) July 17 1940 (b) Montgomery Pleasner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Montgomery
(c) City or town Rural near High Hill Mo (If outside city or town limits, write "RURAL.")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from July 12 1940 to July 16 1940 that I last saw him alive on July 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to Chronic Bright's Disease.

Due to

Other conditions (Include pregnancy within 3 months of death) 131

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? 887

While at work? (Specify type of place) (e) Means of injury

23. Signature J. A. Best (M. D. or other)

Address High Hill Mo Date signed 7/17-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.