

Registration District No. 23

Primary Registration District No. 3005

Registrar's No. 32

FILED SEP 13 1940

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

1. PLACE OF DEATH:

Bates

(a) County Rich Hill Missouri  
(b) City or town Rich Hill Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(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 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Rich Hill Missouri  
(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.?

3. (a) PRINT FULL NAME John D. Moore 600

8. (b) If veteran, no (c) Social Security No.

4. Sex male 5. Color of race W 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Sally Brown 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 21, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation retired insurance agent  
11. Industry or business fire insurance

MOTHER FATHER { 12. Name Moore  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Loy Moore, (b) Address Rich Hill Missouri

17. (a) Burial (Burial, cremation, or removal) Greenlawn (b) Date thereof Aug. 17th (Month) (Day) (Year)  
(c) Place: burial or cremation Booth Funeral Home

18. (a) Signature of funeral director (b) Address Rich Hill

19. (a) Aug. 16, 1940 (b) Claude J. Allen (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th year 1940 hour 5 PM minute M.

21. I hereby certify that I attended the deceased from 1937 to Aug 15, 1940 that I last saw him alive on Aug 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Primary myocardial infarction  
Due to: Primary myocardial infarction  
Due to: Primary myocardial infarction

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations: 121  
Of autopsy:

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: Claude J. Allen (M. D. or other)  
Address: Rich Hill, Mo Date signed: Aug 16 1940

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1321

Date Filed 9-12-46

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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

*John G. Chubberson*

Licensed Embalmer No. 3585

P. O. Address Butler 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.**