

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Bullter County  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Poplar Bluff Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oregon  
(c) City or town Altam  
(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.

3. (a) PRINT FULL NAME Emma Moore 600

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 710

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

6. (b) Name of husband or wife Fred O. Moore 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 10, 1889  
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business

12. Name George Payne  
13. Birthplace Leadage Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Dances Price  
15. Birthplace Osiphan Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maldie V. Williams  
(b) Address Osiphan, Mo.

17. (a) Burial (b) Date thereof Aug 29, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ogk House

18. (a) Signature of funeral director L. H. Edwards  
(b) Address Osiphan, Mo.

19. (a) 8-30-40 (b) Ed Lettinger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mont July day 28  
year 1940 hour \_\_\_\_\_ minute 29 M.

21. I hereby certify that I attended the deceased from 8:20  
1940 to 8:28 1940  
that I last saw 4 alive on 8-27 1940  
and that death occurred on the date and hour stated above

Immediate cause of death Surgeal shock  
Duration 1 day

Due to operated for ruptured a  
ruptured

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 25

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? 80

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

23. Signature W. H. Edwards (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo. Date signed 8-28-40

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

MOTHER FATHER

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

*Leslie D. Russell*

Licensed Embalmer No.

3855

P. O. Address

*Doniphan, 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.**