

1940 OCT 12 1940
Registration District No. 174

Primary Registration District No. 5244

Registrar's No. _____

1. PLACE OF DEATH:
(a) County. Chariton
(b) City or town. Rural
(c) Name of hospital or institution: Clark Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo (b) County. Chariton
(c) City or town. Manaceline Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clark Twp. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James William Moore
3. (b) If veteran name no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 18
year 1940 hour 5 minute 00 a. M.
21. I hereby certify that I attended the deceased from Jan 1940, to Sept 18 1940; that I last saw him alive on Sept 10 1940; and that death occurred on the date and hour stated above.

4. Sex. male 5. Color or race. male 6. (a) Single, widowed, married, divorced. marrie
6. (b) Name of husband or wife. Matilda Cupp 6. (c) Age of husband or wife if alive. 69 years
7. Birth date of deceased. Feb 22 1865
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
Found dead in bed probably
arteriosclerosis
Due to arteriosclerosis Duration 5 yrs

8. AGE: Years 75 Months 6 Days 26 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) AKI
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming
11. Industry or business Mining

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

16. (a) Informant's own signature Matilda Moore
(b) Address Manaceline Mo

Major findings:
Of operations _____
Of autopsy _____

17. (a) Burial (b) Date thereof Sept 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Johnson Cemetery
18. (a) Signature of funeral director James Johnson
(b) Address Manaceline Mo
19. (a) Sept 30 (b) Ch. Stearns
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
(e) Means of injury _____
23. Signature W. O. Peterson (M. D. or other) W. O.
Address Manaceline Mo Date signed 9/20/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
Date Filed 10-14-07
District File Number

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 *Blanche M. Langley*

Licensed Embalmer No. *1909*

P. O. Address *Marceline 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.