

**NOV 19 1940**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1

Registrar's No. 242

**1. PLACE OF DEATH:**

(a) County Adair  
 (b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
County Nursing Home **3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 Months  
(Specify whether  
 In this community 69 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair  
 (c) City or town "Rural"  
(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 George Moots

3. (b) If veteran, name war \_\_\_\_\_ (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 Clara Moots 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 8 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 8 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair Co., Mo. **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer **1**

11. Industry or business Farming **1**

12. Name George Moots

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

14. Maiden name Ellen Ocheltree

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

16. (a) Informant S. E. Moots

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 10-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moots Cemetery

18. (a) Signature of funeral director Dee Riley **3**

(b) Address Kirkville, Mo.

19. (a) Oct. 25/40 (b) Spencer L. Freeman  
(Date received from registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 18  
 year 1940 hour 9:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from August 1940 to Oct 18 1940  
 that I last saw him alive on Oct 18 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the fore it neck (left side)  
 Due to (primary on face)

Due to \_\_\_\_\_  
 Other conditions 52  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

**3** While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature [Signature] (M. D. or other) **00**  
 Address Kirkville Mo Date signed 10/22/40

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 17-40-2149

Date Filed NOV 14 1940

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.....

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

Signed Laura Riley.....

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.