

JAN 21 1941

Registration District No. 591

Primary Registration District No. 5789

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Prairie Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *
In this community * (Specify whether years, months or days)

8. (a) PRINT FULL NAME Abbie Francis Moore

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

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

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

7. Birth date of deceased 12 22 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 10 hr. min.

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

10. Usual occupation House Wife

11. Industry or business General duties

12. Name James H Brown

13. Birthplace Pike Co. Mo.

14. Maiden name Missouri Catherine Lovice
(City, town, or county) (State or foreign country)

15. Birthplace Pike Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Moore
(b) Address Bellflower Mo., R.F.D. #2

17. (a) Burial (b) Date thereof 12-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oiney Lincoln Co.

18. (a) Signature of funeral director Paul A Jones

(b) Address Bellflower Mo.

19. (a) Dec 24 (b) Paul Rigg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Near Bellflower, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 16, 1930 to Dec. 22, 1940
that I last saw her alive on December 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 30 yrs.

Due to _____

Due to _____

Other conditions Anemia.
(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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Paul A Jones (M. D. or other) _____

Address Montgomery City, Mo. Date signed 12-23

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

70

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.....

.....Cedric K. Jones....., Registered Apprentice No. 246
working under my personal supervision.

Signed.....Cedric K. Jones.....

Licensed Embalmer No. 2078

P. O. Address Bellflower 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.