

Registration District No. 836

Primary Registration District No. 4507

State File No. \_\_\_\_\_

Registrar's No. 32

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Robert Harvey Moore

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

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

6. (b) Name of husband or wife Margaret B. Flaherty Moore 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased. Jan. 15 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 5 18 hr. min.

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

10. Usual occupation Prudential Farm Supervisor

11. Industry or business \_\_\_\_\_

12. Name Robert C. Moore

13. Birthplace Isle of Man  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet V. Morton

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

16. (a) Informant Mrs. R. H. Moore

(b) Address Bernie, Missouri

17. (a) Burial (b) Date thereof 7-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Missouri  
Blankenship-Strickland

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Bernie, Missouri

19. (a) 7-7-1941 (b) Laura Hopkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard  
(c) City or town Bernie  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1941 hour 19 minute P M.

21. I hereby certify that I attended the deceased from Jan. 4 1941 to July 2 1941  
that I last saw him alive on July 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB.

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

Other conditions Thrombosis in left brain with right sided paralysis  
(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? 800

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

23. Signature Frank Rabine (M. D. or other) Orme  
Address Bernie Mo Date signed 7/11/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 741-960

Date Filed 7/18/41

OCT 23 1941

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.....

Licensed Embalmer No. 3479

P. O. Address..... Dexter, 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, fact should be so stated above.