

FILED SEP 6 1941

State File No.

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South 12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
All of life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. North Franklin Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shirley G. Moore

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

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

6. (b) Name of husband or wife X X X X 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased April 14 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name Bird John T. Moore

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

14. Maiden name Willie Traylor

15. Birthplace Wolf Island Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bird John T. Moore
(b) Address S. 12th. St.-Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-41
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Lair-Nunnelee Service

18. (a) Signature of funeral director Charleston, Mo.
(b) Address
19. (a) 8-23-41 (Date received local registrar) (b) J. D. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st.
year 1941 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Aug 20
1941 to Aug 21 1941
that I last saw him alive on Aug 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Gastroenteritis Duration 2 wks
Duct feeding

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

Major findings: Of operations 119a
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature William T. Davis (M. D. or other) MD
Address Charleston Mo Date signed 8-22-41

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

MOTHER FATHER

145

RECEIVED

District Health Office No. 1

District File Number 941-1311

Date Filed 9/14/11

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.