

No. 2
-13-40
17-39
X23159

FILLED NOV 12 1941

Registration District No. 008

Primary Registration District No. 4359

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Catran Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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 Willie B. Moore
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♂ 5. Color Col 6. (a) Single, widowed, married, divorced 50
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 4, 1926
 (Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation School bus

11. Industry or business _____

MOTHER FATHER
 12. Name William Moore
 13. Birthplace Miss
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma B. Mack
 15. Birthplace Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant Claude Dayle
 (b) Address Catran Mo.

17. (a) Burial (b) Date thereof Oct 14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catran Cem.

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 10-14-41 (b) D. H. Husted
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County New Madrid
 (c) City or town Catran Mo.
 (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 Oct day 13
 year 1941 hour 12 minute 8 P. M.

21. I hereby certify that I attended the deceased from Oct 6, 1941 to Oct 13, 1941
 that I last saw her alive on Oct 6, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuber. Pneumonia
 Duration _____
 Due to _____
 Due to _____ 108
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D. H. Husted (M. D. _____)
 Address Parma Date signed 10/19/41

RECEIVED

District Health Office No. 2,

District File Number 1741-1499

Date Filed 11/10/41

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.....

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.