

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

Primary Registration District No. 3002

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 703 S. Washington St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vancil P. Moore  
3. (b) If veteran, name war None  
3. (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 Nona Moore  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 13 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER {  
12. Name John Moore  
13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Smith  
15. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Buelah Mudd

(b) Address 703 S. Washington St. Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 1, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl T. ...

(b) Address Mexico, Mo.

19. (a) Jan 1-42 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 30  
year 1941 hour 5:45 minute PM M.

21. I hereby certify that I attended the deceased from Dec 19, 1941 to Dec 30, 1941.  
that I last saw him alive on Dec 30, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Subular Pneumonia  
Chronic Myocarditis  
Acute Bronchitis  
Due to \_\_\_\_\_

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

Major findings: 108  
Of operations \_\_\_\_\_  
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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? road  
(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 Harry F. Orman (M. D. or other) 0

Address Mexico, Mo. Date signed 1/1/42

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

4  
1  
2

FEB 3 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-73

Date Filed JAN 10 1942

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.....

Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.