

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 719 N. CAMPBELL  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 719 N. Campbell  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JIMMY F. MOORE

3. (b) If veteran, name war NO

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3<sup>rd</sup> year 1942 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 25, 1941, to Jan 3, 1942  
that I last saw him alive on Jan 3, 1942  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: Unknown (Month) Unknown (Day) Unknown (Year)

Immediate cause of death: Cancer of Stomach (Carcinoma)

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

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

8. AGE: Years about 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: Cancer of Lower Lip  
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business: Unknown

MOTHER FATHER { 12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy: no

Underline the cause to which death should be charged statistically.

16. (a) Informant: Ellen Drake

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 10 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Garden Cem

18. (a) Signature of General Director: [Signature]

(b) Address: Springfield, Mo.

19. (a) 1-10-42 (Date received local registrar) [Signature] (Registrar's signature)

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? \_\_\_\_\_ (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: U F Kern (M. D. or other) \_\_\_\_\_

Address: Springfield Mo. Date signed: 1-6-42

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**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. 4091

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.**