

FILED FEB 20 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 44035901

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Edgar Springs

(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township) Rural Route

(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: Phelps

(c) City or town: Edgar Springs

(d) Street No.: Rural Route

(If rural, give location)

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

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

3. (a) PRINT FULL NAME: Sarah Frances Moore

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: F Color or race: white

5. Color or race: \_\_\_\_\_

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Jan 27 1861

(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 1

If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Basecane Mo

(City, town, or county) (State or foreign country)

10. Usual occupation: Home

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

12. Name: Jack Perkins

13. Birthplace: Mo

(City, town, or county) (State or foreign country)

14. Maiden name: Williams

15. Birthplace: Va

(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Sam Moore

(b) Address: Edgar Springs Mo

17. (a) Burial, cremation, or removal: \_\_\_\_\_

(b) Date thereof: Jan 30 1942

(Month) (Day) (Year)

(c) Place: burial or cremation: Moore Farm

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

(b) Address: \_\_\_\_\_

19. (a) 1-30-42 (Date received local registrar)

(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Jan year 1942 hour 8 min 20 A.M.

21. I hereby certify that I attended the deceased from 2 yr 10 mo to Jan 28 1942 that I last saw him alive on July 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Chronic Nephritis

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

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations: 1318

Of autopsy: None

Duration: \_\_\_\_\_

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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

23. Signature: R. J. Jones (M. D. or other)

Address: Newbury Mo Date signed: 1-29-42

**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 S. L. Nunez  
Licensed Embalmer No. 03397  
P. O. Address Roewa 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.**