

FILED MAR 13 1942

Registration District No. 777

Primary Registration District No. 3021

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jane Chinn Hospital  
(If not in hospital or institution, write street number or location) 3 Days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME Gila Moore

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

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

6. (b) Name of husband or wife Tom Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 9, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business home

MOTHER FATHER  
12. Name Albert Story  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo DeClue (niece)  
(b) Address Miami, Okla.

17. (a) Burial (b) Date thereof 2/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge Nelson  
(b) Address Webb City, Missouri

19. (a) Feb 6, 1942 (b) Mrs. Willie Eagle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 N. Webb Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
year 1942 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 29  
1942 to Feb 4 1942  
that I last saw her alive on Feb 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia  
Duration \_\_\_\_\_

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

Other conditions 108  
(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) \_\_\_\_\_  
(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 P. B. Mussen (M. D. or other) W. L.  
Address Webb City, Mo. Date signed 2-6-42

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

42-2-212

**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..... *E. M. Hedger* .....  
Licensed Embalmer No..... *2859* .....  
P. O. Address..... *W. H. City 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.**