

FILED MAR 18 1942

Registration District No. 238

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County. Stoddard
(b) City or town. Rural Liberty Twp
(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 Walter Moore

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

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ithma 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased. March 6 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace. Greenville 1 Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business _____

MOTHER FATHER {
12. Name Charles Moore
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ithma Moore
(b) Address Purvis Mo. R.F.D.

17. (a) Burial (b) Date thereof 3-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deylex ms

18. (a) Signature of funeral director No funeral director
(b) Address _____

19. (a) 3-9-42 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard, 03
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1 hour 30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound
gun being discharged while in
fight with wife Duration ✓

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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 3-8-42
(c) Where did injury occur? 103
(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 3

23. Signature Pres Heaver Acting Coroner
Address Bloomfield Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 31427391

Date Filed 3/12/42

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.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 8036

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Chural
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Walter Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race B

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar (Month)

1 (Day) 1942 (Year)

8. AGE: Years 37

Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county)

_____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county)

_____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county)

_____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar)

(b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

sun shot wound
Due to _____

Due to _____

Other conditions _____ (include pregnancy within 9 months of death)

Major findings: 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) accident
(b) Date of occurrence 3-8-42
(c) Where did injury occur? Rural (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 Pres Herson acting coroner (M.D. or other) _____
Address Bloomfield, mo. Date signed 3-8-42

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

SUPPLEMENTARY

JAN 21 1943