

FILED MAY 29 1942

Registration District No. 830

Primary Registration District No. 4503-6091

Registrar's No. 58

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

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717

7/42

**1. PLACE OF DEATH:**  
 (a) County Shelby - Salt River Twp  
 (b) City or town Shelbyville - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether)  
 In this community 72 years years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Shelby  
 (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?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** HARRIETT VAIR MOORE  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. -

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 22  
 year 1942 hour 11:00 minute A M.  
 21. I hereby certify that I attended the deceased from 12-5-41  
 19..... to 3-3-42 19.....  
 that I last saw her alive on 5-3-42 19.....  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife L. R. Moore  
 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased Apr. 13 1861  
 (Month) (Day) (Year)

Immediate cause of death: arteriosclerosis of Brain  
 Duration 6 yr.

**8. AGE:** Years 81 Months 1 Days 9  
 If less than one day ✓ hr. min.

Due to.....  
 Due to.....  
 Other conditions senile dementia 3 yr  
 (Include pregnancy within 3 months of death)

9. Birthplace Otsego Mich 1  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

**PHYSICIAN**  
 Major findings: Of operations.....  
 Of autopsy 911  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 12. Name W. Rutherford Browne  
 13. Birthplace N. Y.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hannett B. Rhodes  
 15. Birthplace N. Y.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Browne Moore  
 (b) Address Shelbyville Mo.

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?.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1942  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelbyville D.O.F. Cem

While at work?..... (Specify type of place)  
 (c) Means of injury 0  
 23. Signature J. M. Had (M. D. or other) 0  
Shelbyville Mo Date signed 5-23-42

18. (a) Signature of funeral director E. P. Thompson  
 (b) Address Shelbyville Mo  
 19. (a) May 25 1942 (Date received local registrar) Madge Jacob (Registrar's signature)

1095

MAY 27 1942

RECEIVED

District Health Officer No. 10

District File Number 5-42-1179

Date Filed May 26, 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. P. Thompson*

Licensed Embalmer No.....

1632

P. O. Address.....

*Shelbyville 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.