

Registration District No. 810 Primary Registration District No. 4488

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

1. PLACE OF DEATH:

(a) County Scottland

(b) City or town Memphis Tenn
(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 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Scottland

(c) City or town Memphis
(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 _____

3. (a) PRINT FULL NAME FRANK E MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-9297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour _____ minute _____ M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ella Mae Moore 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 19, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1942 to June 29, 1942
that I last saw ~~the~~ alive on June 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death coronary accident Duration 1 wk

8. AGE: Years Months Days If less than one day

69 7 10 hr. _____ min.

Due to coronary artery disease

Due to _____

9. Birthplace Coyville Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation linotype operator

Other conditions (Include pregnancy within 3 months of death) 94a

MOTHER FATHER

11. Industry or business _____

12. Name John G. Moore

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Freeman

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs June Call

(b) Address St. Louis Michigan

17. (a) burial (b) Date thereof 6-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis cemetery

18. (a) Signature of funeral director H. W. Wayne

(b) Address Memphis Tenn

19. (a) June 9-1942 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

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 E. E. Hill (M. D. or other) MD
Address Memphis, Tenn Date signed 7-1-42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1806

Date Filed JUL 11 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

Neal Payne

Licensed Embalmer No.

2550

P. O. Address

Memphis

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.