

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar  
 (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 all life  
 In this community all life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
 (d) Street No. 1303 Gulf  
 (e) Citizen of foreign country? 0  
 If yes, name country.....

3. (a) PRINT FULL NAME Edwin Loraine Moore

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

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

6. (b) Name of husband or wife Lula Belle Moore 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 20th, 1870  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 1 If less than one day..... hr. .... min.

9. Birthplace Newport, MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Attorney-at-law

11. Industry or business.....

12. Name Calvin E. Moore  
 13. Birthplace unknown  
 14. Maiden name unknown  
 15. Birthplace unknown

16. (a) Informant Marion E. Moore  
 (b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 8-23-42  
 (c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home  
 (b) Address Lamar, MO.

19. (a) 8-22-42 (b) Martha River  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
 year 1942 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 18 1942  
 to Aug. 21 1942  
 that I last saw him alive on Aug. 21 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
 Due to Carcinoma of descending colon and lungs as shown by x-ray

Other conditions.....  
 Major findings: H6  
 Of operations.....  
 Of autopsy.....

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?.....  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature C. E. Duckert (M. D. or other M.D.)  
 Address Lamar, MO. Date signed 8/22/42

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

RECEIVED

District Health Officer No. 6,

District File Number 942-1301

Date Filed SEP 2 1942

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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 *A. W. R. R. R. R.*

Licensed Embalmer No. 3141

P. O. Address *Tanner Ave.*

**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.