

FILED DEC 8 1942
43

Registration District No.

Primary Registration District No. **5142**

Registrar's No. **374**

12
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Butler**
 (b) City or town **Poplar Bluff Route 3**
 (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 **Life**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Butler**
 (c) City or town **Rt. 3, Poplar Bluff**
 (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 **Belle A. Moore**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **23**
 year **1942** hour **12:05** minute **P. M.**

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

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.

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

Immediate cause of death **Angina Pectoris** **Duration**

6. (b) Name of husband or wife **Henry Moore** **6. (c) Age of husband or wife if** alive **77** years

7. Birth date of deceased **April 22, 1867**
 (Month) (Day) (Year)

Due to **Objective and subjective symptoms**
result of investigation.

8. AGE: Years **75** Months **8** Days **21** If less than one day
 ..hr. ..min.

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

9. Birthplace **Wayne County Missouri**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

10. Usual occupation **Housewife**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name **-- Rudicille**

13. Birthplace **Unknown** **9**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **II** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Dixon**
 (b) Address **Rt. 3, Poplar Bluff, Mo.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **11-27-42**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Marble Hill Cemetery**

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?
 (Specify type of place)
 While at work?..... (a) Means of injury **3**

18. (a) Signature of funeral director **Greer Crow Funeral Serv**
 (b) Address **Poplar Bluff, Missouri**

23. Signature **agood M. Greer** **Coroner**
 Address **Poplar Bluff MO** Date signed **11/24-42**

19. (a) 11-25-42 (Date received local registrar) (b) **Belle Moore** (Registrar's signature)

DEC 16 1942

RECEIVED

District Health Office No. 2,

District File Number 1242-1584

Date Filed 12-7-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.