

FILED DEC 14 1942

Registration District No.

Primary Registration District No. 5608

Registrar's No. 12

51
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural (Madison Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles West of Holden, Mo. on #50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XX
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Mary Cordelia Moore

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Henry Alfred Moore 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 27 hr. min.

9. Birthplace Muskotene Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Gottlieb Sheeler

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown Peck

15. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Fred ~~XXXX~~ Moore

(b) Address Holden, Missouri.

17. (a) burial (b) Date thereof Dec. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Holden, Missouri.

(b) Address Holden, Missouri.

19. (a) Dec. 6, 1942 (b) Bladys Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Two Miles West on Highway #58
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1942 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from April 11
1940, to Dec 2, 1942;

that I last saw h. alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to Bertricious Anemia

Due to Bertricious Anemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

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

(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 Janish Holmberg (M. D. or other) Dr

Address Holden, Mo. Date signed 12-4-42

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-11-42

OCT 10 1948

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 Lewis Canaday
Licensed Embalmer No. 2434
P.O. Address Holden 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.