

FILED MAR 10 1943
Registration District No. **187**

Primary Registration District No. **3040**

59
1
2

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

1. PLACE OF DEATH:
(a) County **Linn**
(b) City or town **Chillicothe**
(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
In this community **35 year** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **1**
(c) City or town **Chillicothe** (If outside city or town limits, write "RURAL") **2**
(d) Street No. **1202 Walnut** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Alice Sofia Moore**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **22**
year **1943** hour **10-PM** minute **R** M.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased **Oct 23 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 01 - 1943**
1943, to **Feb. 22**, 1943;
that I last saw her alive on **Feb. 21**, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Pneumonia** Duration **9 days**

8. AGE: Years **80** Months **4** Days **29**
If less than one day .hr. min.

Due to **Influenza 330**
Due to **Influenza**
Other conditions **Smoking**
(Include pregnancy within 3 months of death)

9. Birthplace **Marysville MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **House wife**

Major findings:
Of operations
Of autopsy **none**
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **William Laker**
13. Birthplace **Ohio Columbus**
(City, town, or county) (State or foreign country)
14. Maiden name **Mahala Spill**
15. Birthplace **Ohio Columbus**
(City, town, or county) (State or foreign country)

16. (a) Informant **Allen O. Moore**
(b) Address **Chillicothe MO**
17. (a) **Burial** (b) Date thereof **2-25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Edgewood**
18. (a) Signature of funeral director **E. Beckett 5227**
(b) Address **Chillicothe MO**
19. (a) **Feb 25 - 1943** (b) **Lo. Ella Corry**
(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 **Harry Grace** (M. D. or other)
Address **Chillicothe MO** Date signed **2-25-43**

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.....

Was Embalmed

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

working under my personal supervision.

Signed..... *E. Beckett*.....

Licensed Embalmer No..... *3227*.....

P. O. Address.....

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.