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Registration District No. ...

Primary Registration District No. 5602

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg (Rural) Chilhowee
(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 2 3 yrs. years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg (Rural) Chilhowee
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Howard Case 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 Married

6. (b) Name of husband or wife Frances Moore 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 26 - 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>28</u>	hr. _____ min.

9. Birthplace Leeds Co. Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name A. D. Moore

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

14. Maiden name Septia Jane Brown

15. Birthplace Leeds Co. Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Moore

(b) Address Chilhowee, Mo.

17. (a) Burial (b) Date thereof April 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) 4/26/43 (b) Miss A. Hook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour 11:20 minute _____ A. M.
21. I hereby certify that I attended the deceased from July 1941 to April 24 1943
that I last saw him alive on April 23, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Artery Disease

Duration 12 Days

Due to Arteriosclerosis 2 years

Due to Smoking

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

Major findings:
Of operations _____
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 O. W. Lamm, M.D. (M. D. or other) _____
Address Warrensburg, Mo. Date signed 4-26-43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

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 S. Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg, 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.