

FILED JUL 12 1943

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(c) Name of hospital or institution: McCune Brooks Hospital  
(d) Length of stay: 1 day  
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sarcoxie  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Effie A. Moore Deck

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife j. Hartlwy Deck 6. (c) Age of husband or wife if alive, dead years  
7. Birth date of deceased July 9 1881

8. AGE: Years 61 Months 11 Days 13 If less than one day

9. Birthplace Wanda Missouri

10. Usual occupation Housewife  
11. Industry or business Home

MOTHER FATHER { 12. Name W.R. Moore  
13. Birthplace Whitney Co., Kentucky  
14. Maiden name Martha Bures  
15. Birthplace Sarcoxie Missouri

16. (a) Informant G. A. Moore  
(b) Address Baxter Springs Kansas  
17. (a) Burial (b) Date thereof 6/25/43  
(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage  
(b) Address Sarcoxie Missouri

19. (a) June 23 '43 (b) Elizabeth Couplin  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1943 hour 11 minute 59 P.M.

21. I hereby certify that I attended the deceased from June 22 - 1943 to June 22, 1943. that I last saw her alive on June 22, 1943. and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma 24 hrs. Duration

Due to Diabetes 61  
Due to  
Other conditions (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?  
(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 M. B. [Signature] (M. D. or other)  
Address Sarcoxie Mo Date signed 6-24-43

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

43-6-560

AUG 6 1963

---

---

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.....

*Geo. B. Orr*

Licensed Embalmer No.....

*946*

P. O. Address.....

*Whitman, 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.