

FILED AUG 5 1943
Registration District No. **2**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**

(c) Name of hospital or institution:
420 So. 15th St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **three months**

In this community **Lifetime**

(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lydia Moore**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John**

6. (c) Age of husband or wife if alive **70**

7. Birth date of deceased **January 26 1876**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	16	hr. min.

9. Birthplace **Trenton Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER

12. Name **Jacob Craig**

13. Birthplace **Penn.**

14. Maiden name **Evarisa Glendenning**

15. Birthplace **Independence, Missouri**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Stella Ashby (Hiscoe)**

(b) Address **3817 King Hill Ave., City**

17. (a) **Burial** (b) Date thereof **7/16/43**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trenton, Missouri**

18. (a) Signature of funeral director **John C. Crupp**

(b) Address **6054 Pryor Ave., City**

19. (a) **7-16-43** (b) **Rose Hilgoy**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**

(d) Street No. **420 So. 15th St.**

(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1943** hour **5:30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **July 1st** 19**43** to **July 12** 19**43** that I last saw her alive on **July 12** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis?**

Due to **1318**

Due to _____

Other conditions **Cardiac insufficiency** 19**30**

(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 **Rosie Beahm** (M. D. number) _____

Address **King Hill Ave** Date signed **7/14/43**

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~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp.....

Licensed Embalmer No. 3986.....

P. O. Address St. Joseph, 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.