

X3223

NOV 6 1943 181

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Episcopus Mo

(b) City or town Episcopus Mo
(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 1
(Specify whether)

In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Episcopus 057
(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 Linnis May Moore

3. (b) If veteran, name war _____ No _____

3. (c) Social Security _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 7 year 1943 hour 10 minute 45 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 16 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 19 1940 to Sept 8 1943

that I last saw her alive on 9-8-43 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Arteriosclerosis

Duration 24hr

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business House Wife

12. Name Charles Springaters

13. Birthplace Episcopus Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Pamplun

15. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

Major findings: Arteriosclerosis

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J. J. Hart

(b) Address Episcopus Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Sept 11 43
(Month) (Day) (Year)

(c) Place: burial or cremation Episcopus

18. (a) Signature of funeral director W. J. Bradley

(b) Address Episcopus Mo

19. (a) Oct 20 1943 (Date received local registrar) (b) W. J. Bradley (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) Means of injury _____

23. Signature W. J. Bradley (M. D. or _____)

Address Episcopus Mo Date signed 9-8-43

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

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.....

W H Bradley

Licensed Embalmer No.....

3966

P. O. Address.....

Elstun, N.C.

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.