

FILED NOV 5 1943 232

Primary Registration District No. 4347

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middletown 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 70 years
years, months or days

3. (a) PRINT FULL NAME William Washington Moore

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife Low Stevens

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased. APR 8 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 22
If less than one day hr. min.

9. Birthplace Ray Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business -

12. Name Jacob Arroy Moore

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Hester Ann Perry

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Low Moore

(b) Address Middletown Mo.

17. (a) Bonic (b) Date thereof Nov 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

18. (a) Signature of funeral director Arthur J. Tubbs

(b) Address Middletown Mo

19. (a) Oct 30 1943 (b) Mrs. Susella Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montg 070

(c) City or town Middletown
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th
year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 19th 1943 to 6 Oct 30th 1943
that I last saw him alive on Oct 30th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94

Of autopsy

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 A. J. Tubbs (M. D. or other)

Address Middletown Mo Date signed Nov 1 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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

MOTHER FATHER

1304

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 *Ed Kuhne*
Licensed Embalmer No. 3059
P. O. Address Wellsville, 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.