

FILED NOV 10 1943
Registration District No. 337

Primary Registration District No. 6140

Registrar's No. 94

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Clarence - Rural (V.M.)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby
(c) City or town Clarence - Rural (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 _____

3. (a) PRINT FULL NAME HENRY THOMAS MOORE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 25 year 1943 hour 10:45 minute 10 M.
21. I hereby certify that I attended the deceased from 1936 to Oct. 1943 that I last saw him alive on Oct. 15, 43 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife Dicy Ellen Moore 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1 = 1860 (Month) (Day) (Year)

Immediate cause of death Ferricious Anaemia Duration 12 yrs
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 1/20
Of autopsy _____

8. AGE: Years Months Days If less than one day
83 9 24 ✓ ✓ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name W. H. Moore
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Martha Good
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Moore

(b) Address Mason, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bacon Chapel

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville Mo

19. (a) Oct 29 43 (Date received local registrar) (b) Thadde Good (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) (e) Means of injury _____
23. Signature D. M. Wood (M. D. or other)
Address Shelbyville Mo Date signed 10/27/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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1075

RECEIVED

District Health Officer No. 10

District File Number 11-43-1722

Date Filed NOV 5 1943

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.