

LED NOV 10 1943  
Registration District No. **260**

Primary Registration District No. **6225**

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada - Wash Turp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital no 3  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution 2 yr. 9 mo 5 da.  
(Specify whether  
In this community same time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 108  
(c) City or town Iron  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Alice Moore

3. (b) If veteran, name war \_\_\_\_\_ 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 Moore 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased May 22 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 4 9 hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housework.

11. Industry or business 0

12. Name John Phillips

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Rosa Green

15. Birthplace Levan. (City, town, or county) (State or foreign country) 1

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof 10-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director Palmer Lunsford Rome

(b) Address Lebanon Mo.

19. (a) 10-1-43 (b) Dozel Bewick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 1 day First  
year 1943 hour 9 minute P. M.  
21. I hereby certify that I attended the deceased from 6-26-1943  
to Oct 1st 1943  
that I last saw her alive on Oct 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with Convulsions Disorders Epilepsy.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 85

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 R.B. Lester (M. D. or other) MD  
Address Nevada Mo Date signed 10-1-43

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

MOTHER FATHER

1381

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1225

Date Filed 11-9-43

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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 Palmer Funeral Home

Licensed Embalmer No. 1161

P. O. Address Lebanon, 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.**