

FILED DEC 28 1943

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 405 Hickory Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Forrest Moore

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 8 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Printer

11. Industry or business \_\_\_\_\_

12. Name Richard H. Moore  
13. Birthplace Nashville, Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Moore  
15. Birthplace Wardsville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Doy

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-21-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J. Gorman

(b) Address Jefferson City, Missouri

19. (a) 12-20-43 (b) Thomas Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 18, 1943 to Dec 19, 1943, that I last saw him alive on Dec 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure due to cardiac renal disease 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

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 James A. Hill (M. D. or other)

Address Jefferson City, Mo. Date signed Dec 20

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26  
5  
4

MOTHER FATHER  
of mother

894

DEC 28 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 *Walter J. Gordon*  
Licensed Embalmer No. *1286*  
P. O. Address *J. E. M. Co.*

**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.**