

FILED FEB 8 1944
Registration District No. 274

Primary Registration District No. 5928

Registrar's No. 22

1. PLACE OF DEATH: Pettis North Creek
 (a) County Pettis
 (b) City or town Beaman (rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: four miles northeast of Sedalia
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community lifetime in Pettis County
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Beaman (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. four miles northeast of Sedalia
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Abraham Lincoln Moore
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife George Ann Manley 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased January 14, 1864
 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 0 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name James Moore
 13. Birthplace unknown, Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Ann Sigman
 15. Birthplace unknown, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant James Moore
 (b) Address Route 1, Beaman, Mo.

17. (a) Burial (b) Date thereof 1/18/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Ewing Funeral Home
 (b) Address Sedalia, Missouri

19. (a) 1-17-44 (b) Mrs. Anna Berger
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January Day 14
 year 1944 hour 10:03 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from January 2nd 1944 to January 14 44;
 that I last saw him alive on January 14 44;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 da
 Due to Hemiplegia (Rt. Side) 2 Wks

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 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 injury) (a) Means of injury ○

23. Signature D. P. Partwright (M. D. or other) _____
 Address Boylstonville Mo. Date signed 1-22-44

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

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-44

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

John E. Myers

Licensed Embalmer No.

3220

P. O. Address

Sedalia, 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.