

FILED MAR 23 1944

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 63

1. PLACE OF DEATH

(a) County Jefferson County
 (b) City or town California Mo
 (c) Name of hospital or institution: Mary O'Neale
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital (Specify whether in this community Three Weeks years, months or days)

3. (a) PRINT FULL NAME Leonard Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married divorced
 6. (b) Name of husband or wife Laura Moore 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Mar 8 1886 (Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Post Master

11. Industry or business _____

MOTHER FATHER { 12. Name Presley Moore
 13. Birthplace Monticem Mo (City, town, or county) (State or foreign country)
 14. Maiden name Mary Howard
 15. Birthplace Monticem Mo (City, town, or county) (State or foreign country)

16. (a) Informant Laura Moore

(b) Address California

17. (a) Burial (b) Date thereof 3/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Walter H. Friday

(b) Address California

19. (a) 3-13-44 (b) Therma Richter (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticem
 (c) City or town California Mo (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
 year 1944 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 3-8 1944 to 3-8 1944

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Pneumo

Due to Coronary occlusion

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Myocardial Coronary Occlusion

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 M R Aledge (M. D. or other) _____

Address J C Mo Date signed 3/11/44

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

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APR 21 1944

FEB 5 1958

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-21-44

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 A. E. Freidenberg
Licensed Embalmer No. 2854
P. O. Address California Me

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.