

FILED MAR 16 1944

Registration District No. _____

Primary Registration District No. 3047

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neesho mi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale - Baseman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton
(c) City or town Newtonia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

8. (a) PRINT FULL NAME Donald Moore

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex male 6. Color or race white 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 4th 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Helbert Ark / Barry W Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Chas Moore

13. Birthplace Helbert Barry W Ark
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Mahorn

15. Birthplace Washburn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof Feb 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Mo

18. (a) Signature of funeral director W. M. Boque

(b) Address Washburn, Mo

(c) Date received local registrar March 9-44 (d) Fulu
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan
30, 1944, to Jan 31, 1944,
that I last saw him alive on Jan 30, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 10 hr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 107

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 Dr. Rolens (M. D. number) _____

Address Tranley Date signed 2.5.44

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

73
3
2

March 9-44 (Date received local registrar) (Registrar's signature) Fulu

RECEIVED 3-10-44

District Health Officer No. _____

District File Number 344-51

Date Filed 3-13-44

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 245Primary Registration District No. 3047Registrar's No. 25

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Neosho
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sale Bowman Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 da.
 In this community 2 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Donald Moore3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex m 5. Color or race w 6. (a) Single, widowed, married,
divorced 26. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive7. Birth date of deceased Aug. 4
(Month) (Day) (Year)8. AGE: Years Months Days Unless than one day
min.9. Birthplace Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Chas. Moore13. Birthplace Willert-Baryc. Ark.
(City, town, or county) (State or foreign country)14. Maiden name Galbreth Mahan15. Birthplace Washburn Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Chas. Moore(b) Address Newtonia Missouri17. (a) BURIAL (b) Date thereof Feb. 2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washburn, Mo.18. (a) Signature of funeral director W. M. Poque(b) Address Wheaton, Mo.19. (a) 3-29-1944 (b) Early Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
 (c) City or town Newtonia
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1944 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia

Duration

Due to _____

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 place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

11/6/12