

FILED JUN 8 1944
Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Demarest
(b) City or town Rural Bogardos, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)
In this community 3 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William H. Moore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 3 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Franklint, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business Attors Farm

12. Name Bill Moore
13. Birthplace Murkumboro Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Johnson
15. Birthplace Richwood, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Smith
(b) Address Bogardos, Mo.

17. (a) Funeral (b) Date thereof 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home
18. (a) Signature of funeral director W. H. Smith
(b) Address Home

19. (a) 5-18-1944 (b) J. A. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Demarest
(c) City or town Rural
(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.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1944 hour 18 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Ascites
Abdominal
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 W. H. Moore (M. D. or other) Coroner
Address Home, Mo Date signed 5/9/44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WARRANTED—USE CAREFULLY—BLACK INK—MAKE A PERMANENT RECORD

I X1051

5-44-164

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.

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Rural Baggadon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: July
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
(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.....

3. (a) PRINT FULL NAME Wm H. Moore
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 12 year 1944 hour..... minute..... M.

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased mar. 3 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death acute abdominal

8. AGE: Years 58 Months 2 Days..... unless than one day..... min.
 9. Birthplace Miss
(City, town, or county) (State or foreign country)
 10. Usual occupation.....

Due to No medical history
 Due to of this man
 Other conditions cause not known
(Include pregnancy within 3 months of death)

11. Industry or business.....
 12. Name.....
 13. Birthplace.....
(City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace.....
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy..... 200a

16. (a) Informant..... (b) Address.....
 17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....
 18. (a) Signature of funeral director..... (b) Address.....
 19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....
 23. Signature July H. Moore (M. D. or other) Coroner
 Address St. Louis, Mo Date signed 3/14/44

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

SUPPLEMENTARY

18820