

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **65**

1. PLACE OF DEATH

(a) County Demiseot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseot  
(c) City or town Caruthersville 78  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) N  
If yes, name country

3. (a) PRINT FULL NAME

Edd Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased Don't know

(Month) (Day) (Year)

8. AGE

Years about 74 Months Days If less than one day hr. min.

9. Birthplace Arkansas

(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Don't know

13. Birthplace Don't know

(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know

(City, town, or county) (State or foreign country)

16. (a) Informant Loetta Kennedy

(b) Address 412 E. 14th St. Caruthersville, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 6-18-44

(Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel Cemetery

18. (a) Signature of funeral director Wm. J. Phipps

(b) Address Steele, Box 121

19. (a) 6-19-1944

(Date received local registrar)

(b) Jessie N. Markey  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th  
year 1944 hour 4:00 minute 8 M.

21. I hereby certify that I attended the deceased from June 15, 1944, to June 16, 1944  
that I last saw him alive on June 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio-sclerosis  
Old age

Due to

Other conditions (Include pregnancy within 3 months of death) 97

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)

(c) Means of injury

23. Signature W. J. Phipps (M. D. or other)  
Address Caruthersville, Mo. Date signed 6/17/44

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

6-44-139

**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 H. German*

Licensed Embalmer No. *4355*

P. O. Address *Steel, Md Bay 7*

**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.**