

FILED SEP 1 1944

Registration District No. 175

Primary Registration District No. 3032

Registrar's No. 87

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 728 Madison Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Moore

3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty Moore 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb, 28 1898
(Month) (Day) (Year)

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

9. Birthplace Scheyler Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Aurora Marble Works

12. Name Rufus D Moore

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Marg Grieb

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

16. (a) Informant Mrs Betty Moore

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 8/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.R. King

(b) Address Aurora Mo.

19. (a) 8/10/44 (b) Edna Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1944 hour 4 minute 20P. M.

21. I hereby certify that I attended the deceased from August 7 1944 to August 9 1944
that I last saw him alive on August 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 18 hours

Due to Essential Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations None

Of autopsy None

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 Edna Moore (Name or other) 072

Address Aurora Mo. Date signed Aug 9 1944

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

MOTHER-FATHER

APR 21 1947

RECEIVED

District Health Officer No. 6;

District File Number 8-44-974

Date Filed 8-20-44

SEP 18 1944

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 Herman Surrig

Licensed Embalmer No. 3072

P. O. Address Aurora 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.