

No. 2
-8-43
-17-39
X37823

Registration District No. **8 1944**

Primary Registration District No. **5636**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Phillipsburg Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether night)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede **5-0-0**

(c) City or town (Rural)
(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 _____ 0

3. (a) PRINT FULL NAME Samuel Kelly Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie J. Moore 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 19 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>14</u>	hr. _____ min.

9. Birthplace Laclede Co. mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Caleb H. Moore

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

14. Maiden name Almira Caffey

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

16. (a) Informant Mrs. Nettie J. Moore

(b) Address Phillipsburg mo.

17. (a) Burial (b) Date of bur. 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lonesome Hill

18. (a) Signature of funeral director W. E. Halman

(b) Address Lebanon mo.

19. (a) Nov. 25-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-1-1943 to 11-3-1944
that I last saw him alive on 10-25-1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Arteriosclerosis

Due to _____

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

Major findings: 932
Of operations _____

Of autopsy _____

Duration _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature J. W. Rudoy (M. D. or other) MD
Address Cornway Date signed 11/8/44

Received

LaClede County Health Unit

File No.

11-14-149

Date Filed

12/7/44

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

Dorsey M. Howe

Licensed Embalmer No. *4222*

P. O. Address

Lebanon 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.