

FILED DEC 8 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 374

1. PLACE OF DEATH: Pettis

(a) County: Pettis

(b) City or town: Sedalia

(c) Name of hospital or institution: Bothwell Memorial Hospital

(d) Length of stay: In hospital or institution: 2 weeks

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan

(c) City or town: Syracuse

(d) Street No.: 7 miles south of Syracuse

(e) Citizen of foreign country? No.

If yes, name country: _____

3. (a) PRINT FULL NAME: William Harve Moon

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Emma A. Moon

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: May 15, 18

8. AGE: Years 74, Months 6, Days 14

If less than one day: _____ hr. _____ min.

9. Birthplace: Morgan County, Missouri

10. Usual occupation: Farmer

11. Industry or business: Agriculture

12. Name: W. F. Moon

13. Birthplace: Morgan County, Mo.

14. Maiden name: Louisa Miller

15. Birthplace: Morgan County, Mo.

16. (a) Informant: Mrs. W. H. Moon

(b) Address: Syracuse, Mo.

17. (a) Burial (b) Date thereof: 11/30/44

(c) Place: burial or cremation: Mt. Carmel

18. (a) Signature of funeral director: Jewell E. Rochards

(b) Address: Tipton, Missouri

19. (a) 11-27-44 (b) Mrs. Anna Berger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 29, day 29, year 1944, hour 6, minute 30, A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1944 to Nov 29, 1944

that I last saw him alive on Nov 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: prostate

Due to: natural causes

Other conditions: _____

Major findings: _____

Of operations: _____

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? _____

(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. _____)

Address: _____ Date signed: 11-29-44

Duration: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

8064 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer, No. 8,

District File Number

Date Filed

12-7-47

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.