

FILED DEC 21 1944
Registration District No. _____

Primary Registration District No. 6209

Registrar's No. 43

1. PLACE OF DEATH

(a) County TEXAS
(b) City or town HOUSTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Power, Jay
(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

3. (a) PRINT FULL NAME AMELIA MOORE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color WHT 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife TIM MOORE 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Aug 22 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace BADO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name JOHN ARMSTRONG
13. Birthplace H N KNOWN
14. Maiden name FANNIE RICHARDSON
15. Birthplace H N KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant TIM MOORE HUSBAND
(b) Address HOUSTON MO

17. (a) BURIAL (b) Date thereof OCT 17 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALFORD C. CLARK, MO.

18. (a) Signature of funeral director Lester Evans
(b) Address Lawton, MO

19. (a) Nov. 21-44 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107
(c) City or town HOUSTON RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6-15- 1942 to 10-16 1944

that I last saw her alive on 10-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis Duration 4 years
Due to Adeno-Carcinoma of Breast. 7 years

Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Henry R. Ray Jr (M.D. or other) P.O.
Address Houston, MO Date signed 11-18-44

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

7700

RECEIVED

District Health Officer No. 5,

District File Number 1244595

Date Filed 12-8-44

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.....

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.