

FILED MAR 13 1945

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 46

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Clinton Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
James Nursery Home 4
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL.")
(d) Street No. Three & N water 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Berry Moore

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

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha Ellen
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 9 19 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days -
If less than one day hr. _____ min. _____

9. Birthplace Hickory Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone lineman

11. Industry or business _____

12. Name Wm Henry Moore

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joy Culbertson

(b) Address Wespaton MO

17. (a) Burial (b) Date thereof 2-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) February 23 1945 (Date received local registrar) (b) Joy Culbertson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1945 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2/5 1945, to 2/19 1945
that I last saw him alive on 2/19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Edema

Due to Toxaemia

Due to Double Middle Ear infection

Other condition gga

Major findings: Of operations _____

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) Means of injury _____

23. Signature E. C. Keeler (M.D. or other) MD

Address Clinton Mo Date signed 2/23/45

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

42
1
2

RECEIVED

Officer No. 7,

2-4-5-170

Date filed

3-9-45

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.