

FILED MAR 16 1945

Registration District No. 14

Primary Registration District No. 4039

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Minden Mines  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community All life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Minden Mines  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WILLIAM MOORE

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 500-01-9912

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Bertha Long Moore (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased May 12 1886  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Litchfield, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Section Hand

11. Industry or business Mo-Pac R. R. Minden Mines, Mo.

12. Name Charles Franklin Moore

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

14. Maiden name Mary Rebecca Walker

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

16. (a) Informant Mrs. Bertha Moore

(b) Address Minden Mines, Missouri

17. (a) Burial (b) Date thereof Feb 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Feb. 28, 1945 (b) Blanche Sackett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th  
year 1945 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 11  
1944 to Feb 20 1945  
that I last saw him alive on 2/20 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to H68

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Confirmed by operation  
Of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Chas J P Sackett (M. D. or other) \_\_\_\_\_  
Address Minden Mines Date signed 2/24/45

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

006

1260

recd

2/24/45

RECEIVED

District Health Officer No. 6,

District File Number 343-260

Date Filed MAR 13 1945

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.....

*Carl F. Kinantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.

MAR 29 1945