

FILED MAR 20 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Da (Specify whether years, months or days)
In this community 1 Da years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron 245
(If outside city or town limits, write "RURAL")
(d) Street No. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Otis Allen Moore

3. (b) If veteran, name war - 3. (c) Social Security No. 04

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

8. AGE: Years 58 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business

12. Name William E. Moore
13. Birthplace Ia (City, town, or county) (State or foreign country)
14. Maiden name Nancy Warden
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eva E. Moore
(b) Address Cameron, Mo. 0
17. (a) Remova (b) Date thereof 2-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cameron, Mo.

18. (c) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) 2-27-45 (b) Helen L. Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1945 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 16 1945 to Feb 26 1945
that I last saw him alive on Feb 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Cerebral 6 hrs

Due to Hypertension and Art Sclerosis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations JSD
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?

(Specify type of place) While at work? (e) Means of injury
23. Signature Dr. H. P. ... (M. D. or other) MO
Address St Joseph Mo Date signed 2-27-45

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

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1311

OCT 21 1955

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

Robert D. Gaff

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, 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.