

FILED DEC 8 1945

Primary Registration District No. **5184**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Paris

(c) Name of hospital or institution Whitevale Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape

(c) City or town Paris (If outside city or town limits, write "RURAL")

(d) Street No. Whitevale Hosp (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CANZADA CAROLINE MOORE

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month 11 day 3
year 1945 hour 11 minute 30 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew Moore

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Aug 17, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 6 1944 to 10-10-1945

that I last saw her alive on Oct 10 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 2 Days 16 If less than one day hr. min.

Immediate cause of death Chronic m.x. cardiac

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

Due to _____

Due to _____

10. Usual occupation Housekeeper

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business Calvin Poston

Major findings: Of operations 93%

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Calvin Poston

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

14. Maiden name Caroline Masters

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

16. (a) Informant Thomas Moore

(b) Address Oak Ridge Mo

17. (a) Burial (b) Date thereof Nov 4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caney Fork Cemetery

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? _____

18. (c) Signature of funeral director J. Miller

(b) Address Jackson

(e) Means of injury _____ (Specify type of place) _____

While at work? _____

19. (a) 11-8-45 (b) A. G. Daubert
(Date received local registrar) (Registrar's signature)

23. Signature R. D. Bayler (M. D. or other) _____

Address Oak Ridge Mo Date signed 11-7-45

City Health Officer No. 4
District File Number 1245-1408
Date Filed 12-7-45

This body was not embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Thos E. Graham

Licensed Embalmer No. 4010

P. O. Address Putnam Ave

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.