

FILED DEC 6 1945

Registration District No. **131**

Primary Registration District No. **4202**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stundy**
(b) City or town **Spickard**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Stundy**
(c) City or town **Spickard**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Daniel Moore**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maud M. Moore** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Aug 23 1878**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Merchant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Moore**
13. Birthplace **Ohio**
(City, town or county) (State or foreign country)
14. Maiden name **Estelle Tauset**
15. Birthplace **Stundy Co. Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant **Maud Moore**

(b) Address **Spickard Mo.**

17. (a) **Burial** (b) Date thereof **Nov-14-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fun. Home - Stundy Co. Mo.**

18. (a) Signature of funeral director **Schooler Funeral Home**

(b) Address **Spickard Mo.**

19. (a) **Nov-14-1945** (b) **Mrs. Nathan Cooper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **12**
year **1945** hour **10** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Nov 9**, 19**45**, to **Nov 12**, 19**45**
that I last saw him alive on **Nov 12**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **3 day**

Due to _____

Due to _____

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

Major findings: Of operations _____

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 **C. T. McClanahan** (M. D. or other) **M.D.**

Address **Spickard Mo.** Date signed **Nov 14**

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

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.