

FILED APR 6 1946

Registration District No. 102 Primary Registration District No. 4174 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Cardwell
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dunklin ³⁵
 (c) City or town Cardwell, ²
(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 Virgil Hasey Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. 409-05-3771

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Lula Moore 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March 19 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Service Station Employee

11. Industry or business _____

12. Name Georga Moore

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

14. Maiden name Ida Holcomb

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

16. (a) Informant Lula Moore

(b) Address Cardwell, Mo.

17. (a) burial (b) Date thereof Jan. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Linwood

18. (a) Signature of funeral director _____

(b) Address Paragould, Arkansas

19. (a) 3-28-46 (b) E. H. Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27,
 year 1946 hour 8 minute 15 a. m.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan 7, 1946
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc ⁷ 10 yrs
 Duration

Due to Surgical Tbc 2 yrs

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

Major findings:
 Of operations _____
 Of autopsy 136
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 work) (e) Means of conveyance

23. Signature W. W. English M.D. (M.D. or other) _____

Address Cardwell, Mo Date signed _____

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

MOTHER, FATHER

RECEIVED

District Health Office No. 2,

District File Number 446-469

Date Filed 4-4-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.