

FILED APR 11 1946

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 103

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Hospital No. 1 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 1 mos. 14 das.
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME PERFY McCLELLAN MOORE

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 70 hr. _____ min.

9. Birthplace Lutesville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming, mining, restaurant manager

11. Industry or business _____

12. Name John Benton Moore

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

14. Maiden name Nancy Powell

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington, MO.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 3/25/46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 94
 (c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
 (d) Street No. County Farm 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
 year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 6, 1945 19____ to March 20, 1946, 19____;
 that I last saw him alive on March 20, 1946, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Atherosclerosis
Generalized & marked

Due to _____
 Due to _____

Other conditions Semile Psychosis 240
(Exclude pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy No autopsy. 97

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) (Means of injury)
 23. Signature Genevieve Staden (M. D. or other)
 Address Farmington Date signed 3/24/46

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

9492

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101-11-215
District Health Officer No. 4
District File Number 446-1995
Date Filed 4-10-46

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 Burl J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.