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5-17-39
X37823

FILED MAY 16 1946

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lack

(b) City or town Bellevue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
414 Buffalo Road 1
(If not in business or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lack - 84

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

(d) Street No. 414 Buffalo Road 1
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Theodore Benjamine Moore

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 8:15 minute P. M.

21. I hereby certify that I viewed the deceased April 1, 1946 and that I last saw him alive on April 1, 1946 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or White

6. (a) Single, Widowed, married, divorced, Divorced

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

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

7. Birth date of deceased: Jan. 16, 1872
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Hemorrhage

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Brick Mason

11. Industry or business Brick Work

12. Name Farmer Moore

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

14. Maiden name Arucilla Tucker

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

Major findings:
Of operations 13x

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Carrie Selzer

(b) Address Bellevue, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Silent Cemetery

18. (a) Signature of funeral director Carroll Blue

(b) Address Bellevue, Mo.

19. (a) April 5, 1946 (b) Ralph Garden
(Date received local registrar) (Registrar's signature)

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) (c) Month of injury 3

23. Signature Willard Carver Date signed 4/1/46
Address Bellevue, Mo. Date signed _____

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

163000716-46 46 38 030 46

RECEIVED

District Health Officer No. 71

District File Number 4-46-475

Date Filed 5-15-46

MAY 17 1946

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 *William P. Erwin*

Licensed Embalmer No. 3092

P. O. Address *Palmer 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.