

FILED JUL 11 1946

Registration District No. 376

Primary Registration District No. 3061

20114
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River mo
(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 years, months or days)

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Francois

(c) City or town Flat River mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Rachel Anna Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or Paul

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

7. Birth date of deceased aug 31st 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days - If less than one day _____ hr. _____ min.

9. Birthplace Womack mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Samuel Barton

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

14. Maiden name Adelney Ballard

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

16. (a) Informant Henny Moore

(b) Address Flat River mo

17. (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barbours

18. (a) Signature of funeral director Edwell Br...

(b) Address Flat River mo

19. (a) 6-8-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1946 hour 2 minute 02 P.M.

21. I hereby certify that I attended the deceased from Jan 23
1946, to June 1, 1946
that I last saw no alive on June 1, 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Pneumonia

Due to fractured rib rip 3 day
4 months

Due to Anemia yes

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 1

Of operations 1

Of autopsy 1

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) Accidental

(b) Date of occurrence June 23, 1946

(c) Where did injury occur? Flat River mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature [Signature]
Address Flat River mo Date signed 6/6/46

RECEIVED

District Health Officer No. 4
District File Number 746-2342
Date Filed 7-10-46

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 W.A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River on

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.