

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
422 Sargent /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 16 yrs. (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Joplin **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 422 Sargent **5**
 (If rural, give location) **0**
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida Moore
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo. V. Moore **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased Sept, 3, 1875
 (Month) (Day) (Year)

8. AGE: Years 70 Months II Days 23 If less than one day
 hr. _____ min. _____

9. Birthplace Mt. Vernon ILL.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Watson

13. Birthplace No Data ILL.
 (City, town, or county) (State or foreign country)

14. Maiden name Marran Wallace

15. Birthplace No Data ILL.
 (City, town, or county) (State or foreign country)

16. (a) Informant George V. Moore (husband)

(b) Address 422 Sargent

17. (a) Burial (b) Date thereof 9-29-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City

19. (a) 8-29-46 (b) E. James
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
 year 1946 hour II minute 25 A. M.

21. I hereby certify that I attended the deceased from July 30, 1946 to 8/26/46
 that I last saw him alive on 8/26/46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous of abdomen
 Due to _____

Due to Garcery of duodenum

Other conditions (Include pregnancy within 3 months of death)

Major findings: none 46
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following no

(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 [Signature] (M. D. or other) _____

Address [Address] Date 8/22/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
2
5

20010

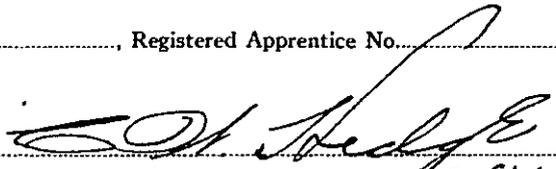
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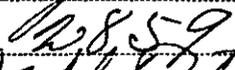
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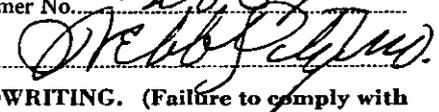
STATEMENT BY LICENSED EMBALMER

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.