

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital ( )  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week.  
(Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Pickering, Mo. (Rural)  
(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 Leslie Moore

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

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

6. (b) Name of husband or wife Lou Moore 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 14, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	0	23	
				hr. min.

9. Birthplace Shadden Ontario, Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Moore

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lou Moore

(b) Address Pickering, Missouri

17. (a) Burial (b) Date thereof 10/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pickering, Mo. White Oak Cemetery

18. (a) Signature of funeral director Pickering Home

(b) Address Maryville, Missouri

19. (a) Oct 9 46 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th  
year 1946 hour 9:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 1  
1946 to Oct 7 1946  
that I last saw him alive on Oct 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac Dilatation  
Serum  
Paralyzed Arterio-sclerosis  
Ch. Myocarditi  
Hypertrophic and Infected  
Heart

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 place) (e) Means of injury \_\_\_\_\_

23. Signature W.R. Jackson (M. D. or other) \_\_\_\_\_  
Address Maryville, Mo. Date signed 10-8-46

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

VS  
MAY 1 1959

MAY 2 1959

MAY 6 1953

MAY 7 1953

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.