

Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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 month 1 day
(Specify whether
In this community 1 month 1 day
years, months or days)

3. (a) PRINT FULL NAME Vincent I. 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 Single

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

7. Birth date of deceased October 20th 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Fred A. Moore

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

14. Maiden name Frances Diamond

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

16. (a) Informant Mr. & Mrs. Fred Moore

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 11-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chapel Cemetery

18. (a) Signature of funeral director L. J. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 11-29-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Rear North Sprigg Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1946 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11-1 1946 to 11-21 1946
that I last saw him alive on 11-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: PERNATIPTIS
Due to _____

Due to _____
Other conditions: ENTERITIS
(Include pregnancy within 3 months of death)

Major findings: 159
Of operations _____
Of autopsy _____

Duration _____
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? (1)
While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 11/24/46

RECEIVED

District Health Officer No. 4
+ File Number 1246-2933
12-2-46

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.....

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.