

FILED NOV 19 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Jackson Independence
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 17 years years, months or days)

3. (a) PRINT FULL NAME David Walker Moore

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hallie Moore 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 29 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Van Buren Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe & Service Station

11. Industry or business _____

MOTHER FATHER

12. Name David Walker Moore

13. Birthplace Van Buren Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Emma T. Johnson

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

16. (a) Informant Mrs. Hallie Moore
(b) Address Indep. Mo. Rt # 4

17. (a) cremation (b) Date there Oct. 10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Otto Mitchell
(b) Address 310 N. Main St
19. (a) 10-20-46 (b) James O'Leary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi So E Indep. Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1946 hour 3⁰⁰ minute 0 M.

21. I hereby certify that I attended the deceased from July 25 1946 to October 7 1946 that I last saw him alive on Oct-6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of Head of Pancreas metastatic in gall bladder & lungs 342 Mo
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Adeno-Carcinoma of Head of Pancreas & mets - metastatic in gall bladder & lungs
Of operation Operated at Mayo
Date of autopsy Sept 25, 1946
Physician W. H. Allen M.D.

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 U

23. Signature W. H. Allen M.D. (M.D. or other) _____
Address Independence Date signed 10-8-46

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

NOV 19 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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.