

FILED DEC 20 1946
144

State File No.

Registration District No. 144

Primary Registration District No. 4536 5564

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Iron (Union 30)
 (b) City or town Des Arc Rural
 (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
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron 47
 (c) City or town Des Arc, 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 Jinger Kay 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 child
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 11 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min.

9. Birthplace Iron Co. Mo. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Wilson Moore
 13. Birthplace D. K. Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Edelma Wallman
 15. Birthplace Dunklin Co. Mo. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant M. V. Wallman
 (b) Address Cronot, Mo.

17. (a) Burial (b) Date thereof 12-13-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deans, Mo.

18. (a) Signature of funeral director W. Cochr
 (b) Address Piedmont, Mo.

19. (a) 12-14-46 (b) Mrs. Lois Jones
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
 year 1946 hour 3.05 minute A. M.

21. I hereby certify that I attended the deceased from 12-12, 1946 to 12-13, 1946
 that I last saw him alive on 12-12-46, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage stomach & intestines

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none / 16
 Of autopsy

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 0
 23. Signature L. E. Toney (M. D. or other) 0
 Address Piedmont, Mo. Date signed 12-13

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

128

RECEIVED

Health Officer No. 4
Certificate File Number 12-46-2997
Date filed 12-19-46

[Faint handwritten notes, possibly "SP 11" and "12-19-46"]

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.