

FILED JUN 12 1947

Registration District No. 364

Primary Registration District No. 6237

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Mountell (near) rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hickory Grove
3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community Traveling through (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 625 Woodland Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Jones Moree

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 489-22-5388

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1947 hour about 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Katherine Moree

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Oct 22 1922
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull and multiple fractures of legs and hand
Due to spine

Due to Overturning of car

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: (August Pndg)

Of operations _____

Of autopsy 190688

9. Birthplace Brownington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electric Welder

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 109

(b) Date of occurrence May 16 - 1947

(c) Where did injury occur? Highway near mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER

11. Industry or business Clevo Moree

12. Name Clevo Moree

13. Birthplace Texas 1
(City, town, or county) (State or foreign country)

14. Maiden name Bora Louis

15. Birthplace Brownington Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Moree

(b) Address 625 Woodland Ave Kansas City

17. (a) Removed (b) Date thereof 5-19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Mo.

18. (a) Signature of funeral director J. E. Pittman

(b) Address Warrenton Mo.

19. (a) June 2 47 (b) Mrs. F. W. Hughes
(Date received local registrar) (Registrar's signature)

23. Signature Dr. F. H. King (M. D. or other) 3

Address Warrenton Mo Date signed May 14

JUN 19 1947

JUL 14 1948

SEP 15 1948

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

William S. Ralfer

Registered Apprentice No. *499*

working under my personal supervision.

Signed

P. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, 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.