

FILED AUG 7 1947

Registration District No. 77

Primary Registration District No. 30/2

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 Concourse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
in this community 14 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 416 Concourse
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no.

3. (a) PRINT FULL NAME MOSES EARNEST ELMORE

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

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

6. (b) Name of husband or wife Lora M. Mussell Elmore 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug. 9th 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 18 If less than one day hr. min.

9. Birthplace MERCER MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery, Retired

11. Industry or business

12. Name Greenberry Chapel Elmore

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

14. Maiden name Mary Randolph

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

16. (a) Informant Lora M. Elmore
(b) Address 416 Concourse, Exc. Sp.

17. (a) Burial (b) Date thereof 6/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs, Mo.

19. (a) 7/3/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from October 10
1946, to June 27, 1947;
that I last saw h. im. alive on June 27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor
pyloric end of stomach, angino
pectoris, arteriosclerosis

Due to _____
Due to _____

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

Major findings:
Of operations [Signature]
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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Excelsior Sp. Mo. Date signed 6/28/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 100

District File Number

Date Filed 8-5-47

DEC 1 1958

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.