

FILED AUG 25 1947

Registration District No. 383

Primary Registration District No. 3037

Registrar's No. 121

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

1. PLACE OF DEATH: Lawrence

(a) County: Lawrence

(b) City or town: Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 523 East Pleasant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Lifetime (Specify whether years, months or days)

In this community: Lifetime

3. (a) PRINT FULL NAME: Sarah F. Moore

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William T. Moore

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

7. Birth date of deceased: July 23 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 28 If less than one day hr. min.

9. Birthplace: Paris Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER

12. Name: John C. Helzell

13. Birthplace: Maysville Mo (City, town, or county) (State or foreign country)

14. Maiden name: Laura Kelly

15. Birthplace: Ash Grove Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs George Moore

(b) Address: Mt Vernon, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 22-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Summit Cemetery

18. (a) Signature of funeral director: N. D. Toussaint

(b) Address: Mt Vernon, Mo

19. (a) 8-5-47 (Date received local registrar)

(b) Dr. H. H. H. (Registrar's signature) 159

2. USUAL RESIDENCE OF DECEASED: 55

(a) State: Missouri

(b) County: Lawrence

(c) City or town: Mt Vernon 3
(If outside city or town limits, write "RURAL.")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1947 hour 84 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 21 1944 to July 20 1947
that I last saw him alive on July 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Chc Hypocaditis;
Chc bronchectasis

Due to: _____

Due to: _____

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

Major findings: Of operations: _____

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)

Means of injury: _____

23. Signature: Dr. H. H. H. (M. D. or other)

Address: Mt Vernon, Mo Date signed: 7/24/47

RECEIVED
District Health Officer No. 6,
District File Number 847-873
Date Filed AUG 22 1947

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.....
..... By me, Registered Apprentice No.....
working under my personal supervision.

Signed Max S. Fossett
Licensed Embalmer No. 4252
P. O. Address Milner, 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.