

FILED JAN 5 1948

Registration District No. 286

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH

(a) County Polk
(b) City or town Humanville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: George Summitt Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Humanville
(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 WILLIAM C. MOORE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amy E. Moore 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 20 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Pittsburgh Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name John P. Moore 9
13. Birthplace Unknown (State or foreign country)
14. Maiden name Unknown 11
15. Birthplace Unknown (State or foreign country)

16. (a) Informant R.W. Mathershead

(b) Address Humanville Mo

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

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. H. Harrison

(b) Address Humanville Mo.

19. (a) Dec. 21, 1947 (b) Luella Kirkpatrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 1946 to December 1947
that I last saw her alive on December 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
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) (e) Means of injury.....

23. Signature G. H. Robinson MD
Address Humanville Mo. Date signed 12/9/47

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

MOTHER FATHER

Exhibit No. 7,
Licenses No. 12-47-1999
Date Filed 1-2-48

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 *E. H. Pinner*.....

Licensed Embalmer No. *4282*.....

P. O. Address *Humansville, 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.