

FILED MAR 29 1948

Registration District No. 270

Primary Registration District No. 2050

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7th, and Eastwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 48 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 7th, and Eastwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GREEN MOORE

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Moore 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 2, 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business X

MOTHER FATHER { 12. Name Stephen Moore
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name McGill Concha
15. Birthplace Fort Valley, Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Moore
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 3/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. J. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 3-25-48 (b) Theresa B. Hicks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 17th 1948 to May 11, 1948 that I last saw him alive on March 11th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 944X

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) (a) Means of injury _____

23. Signature J. B. Ruten (M. D. or other) _____
Address Caruthersville, Mo. 3-15-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

3-48-100

AUG 24 1953

JUN 23 1954

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.....

Body was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *James A. Osburn*

Licensed Embalmer No..... *4185*

P. O. Address..... *Parrettsville, 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.