

FILED APR 24 1948
Registration District No. 779

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: RESEARCH HOS. 0
(If not in hospital or institution, write street number or location) 40 Day's

(d) Length of stay: In hospital or institution 40 Day's (Specify whether years, months or days)

In this community AS ABOVE

3. (a) PRINT FULL NAME MR. LEE R MOORE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Lucille Moore

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 2-20-1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>1</u>	<u>10</u>	hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name A. C. Moore

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

14. Maiden name Mary E

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

16. (a) Informant MRS. LUCILLE MOORE

(b) Address DREXEL, Mo.

17. (a) Removal (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stine & McClure

(b) Address MANSAA CITY Mo.

19. (a) 3-31-48 (b) Heraldine Helmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CASS

(c) City or town Drexel
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from FEB. 18, 1948, to 3-30, 1948; that I last saw him alive on 3-18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma colon also primary in rectum with peritonitis

Due to metastatic carcinoma colon

Due to rectal perforation with peritonitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: yes 462

Of operations yes

Of autopsy yes

ARTER

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 J. Montgomery (M. D. or other) _____
Address DREXEL, Mo. Date signed _____

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.....

Charles Stickney

Registered Apprentice No. *64*

working under my personal supervision.

Signed *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *K.C. 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.