

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13065**

FILED APR 21 1948  
Registration District No. **1507**

Primary Registration District No. **3028**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Stone Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 months**  
(Specify whether years, months or days)  
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1011 S. Garrison**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **-----**

3. (a) PRINT FULL NAME **LUCILLE MOORE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **16** years

7. Birth date of deceased **February 16 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55 1 25** hr. min.

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

10. Usual occupation **retired school teacher**

11. Industry or business **at home**

12. Name **D. W. Moore**

13. Birthplace **Fayetteville Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Rosser**

15. Birthplace **unknown Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. D. W. Moore**

(b) Address **1011 S. Garrison, Carthage, Mo**

17. (a) **burial** (b) Date thereof **Apr 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **4-13-1948** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**  
year **1948** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan 15**  
**1948** to **April 11** **1948**  
that I last saw her alive on **April 11** **1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Auto Toxicity** Duration **30 days**

Due to **Carcinoma metastatic**

Due to **Carcinoma of breast** **2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]** Of autopsy **[Signature]**  
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? **2**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

(f) Signature **Albert B. Wheely** (M. D. or other) **MD**

Address **1069 Garrison** Date signed **4-12-48**

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

19  
1  
3

**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

*Emm. R. Snell*

Licensed Embalmer No

*391*

P. O. Address

*Carthage*

**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.**