

FILED APR 29 1948

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Herculaneum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Clara Belle Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased October
(Month)

3 (Day) 1880 (Year)

8. AGE:

Years 67 Months 5 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Terre Haute
(City, town, or county)

Indiana
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles W. Jobb

Charles W. Jobb

13. Birthplace Mechanicburg
(City, town, or county)

Ohio
(State or foreign country)

14. Maiden name Margaret Gladman

Indiana
(State or foreign country)

15. Birthplace _____
(City, town, or county)

_____ (State or foreign country)

16. (a) Informant Mrs Rose Krell

Mrs Rose Krell

(b) Address 3751 A S. Jefferson

3751 A S. Jefferson

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

(b) Date thereof Mar. 29-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Cem.

Herculaneum Cem.

18. (a) Signature of funeral director H. S. Vinyard

H. S. Vinyard

(b) Address Festus Mo.

Festus Mo.

19. (a) April 7 1948
(Date received local registrar)

(b) Clara Bell Bull
(Registrar's signature)

Clara Bell Bull
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 7 minute - A.M.

21. I hereby certify that I attended the deceased from 2/26, 1948 to 3/27, 1948
that I last saw h. ev. alive on 3/26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Duration

unwatched

Due to Myocarditis + endocarditis 1 yr.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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 De J. Deum (M. D. or other) MD

Address Herculaneum, Mo. Date signed 3/27/48

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

MOTHER, FATHER

RECEIVED
District No. 9
District No. 9
Date Filed APR 28 1948

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.....

Donald H. Vinyard, Registered Apprentice No. *71*,
working under my personal supervision.

Signed *D. H. Vinyard*
Licensed Embalmer No. *3010*
P. O. Address *Festusmo*

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.