

FILED JUL 6 1948

Registration District No. **74**

Primary Registration District No. **4135**

Registrar's No. **25**

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

1. PLACE OF DEATH:

(a) County **Clinton**

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

(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community **Died on arrival** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Montana** (b) County **999**

(c) City or town **Laurel** **24**
(If outside city or town limits, write "RURAL")

(d) Street No. **5**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Newton E. Moore**

3. (b) If veteran, name war **World War One**

3. (c) Social Security, No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24th** year **1948** hour **12** minute **10** M.

21. I hereby certify that I attended the deceased from **Lawson** **July 11th** 19**48** to **June 24th** 19**48**; that I last saw **him** alive on **June 24th** 19**48**; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **Florence Moore** 6. (c) Age of husband or wife if alive **Don't know** years

7. Birth date of deceased **Feb. 4** **1897**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion** **10 minutes**

Due to.....

Due to.....

Other conditions **946**
(Include pregnancy within 3 months of death)

8. AGE: Years **51** Months **4** Days **20** If less than one day hr. min.

9. Birthplace **GOWEX** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telegrapher**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name **Hinkle Moore**

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

14. Maiden name **FANNIE VERMILION**

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

16. (a) Informant **Genie Moore**
(b) Address **Salina Kansas**

17. (a) **Burial** (b) Date thereof **June 26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **H. A. Sullivan**
(b) Address **GOWEX Mo**

19. (a) **June 26-1948** (b) **Genie Chastain**
(Date received local registrar) (Registrar's signature)

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. E. Stanke M.D.** (M. D. or other)
Address **Lawson Mo** Date signed **6-27-48**

JUL 19 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

none embalmed - see record

JUL 6 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.....
....., Registered Apprentice.No.....
working under my personal supervision.

Signed H. A. Sullivan

Licensed Embalmer No. 1-758

P. O. Address Lawrence, 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.