

Registration District No. 184

Primary Registration District No. 4299

Registrar's No. 70

1. PLACE OF DEATH:  
 (a) County Linn  
 (b) City or town Bucklin  
 (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 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Linn 58  
 (c) City or town Bucklin 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 3  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CORA MYRTLE MOORE  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 15, year 1948 hour 1:00 minute 40 P.M.

4. Sex F. m. 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife TOM MOORE  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Sept 9, 1878  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/10/48 19, to 8/15/48 19, that I last saw her alive on 8/15/48 19, and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis Duration 8/15/48

9. Birthplace Mason Co. Mo. (City, town, or county) (State or foreign country)

Due to Cerebral Thrombosis 8/14/48

10. Usual occupation Housewife

Due to Chronic Myocarditis

11. Industry of business Housekeeping

Other conditions Hypertension (Include pregnancy within 3 months of death)

12. Name John W. Higgins

Major findings: Of operations \_\_\_\_\_

13. Birthplace Mason Co. Mo. (City, town, or county) (State or foreign country)

Of autopsy of 2/1

14. Maiden name Corra Moore

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

16. (a) Informant TOM MOORE  
 (b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Ernest J. Brown  
 (b) Address Bucklin Mo

19. (a) 8-20-48 (Date received local registrar) (b) Walter Brown (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? \_\_\_\_\_ (Specify type of place)

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

23. Signature A. L. Spear (M.D. or other) MD

Address Bucklin, Mo Date signed 8/17/48

MOTHER FATHER

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause of which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Camden, Mo.

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 <sup>not</sup>.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*E. A. Larson*

Licensed Embalmer No. 4027

P. O. Address.....

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.