

S. No. 300
DM-10-47
Rev. 5-17-39
I 3906

State File No. _____
Registrar's No. 69

FILED JAN 11 1949

Registration District No. 277

Primary Registration District No. 5951

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural INDIAN TRUSP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 Miles East of Vandalia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 48 years

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural INDIAN TRUSP.
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles East of Vandalia
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME LeRoy Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Jane Moore

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

7. Birth date of deceased May 12, 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 13
If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Moore

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

14. Maiden name Joanna Tennant

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

16. (a) Informant Raymond Springman

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof Dec. 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director M. S. Nates

(b) Address Vandalia, Missouri

19. (a) Dec 27 48 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12/22, 1948, to 12/24, 1948
that I last saw him alive on 12/24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs

Due to Chronic nephritis 4 yrs

Due to Generalized arteriosclerosis 10 yrs

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

Major findings:
Of operations _____

Of autopsy _____ 13/B

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 Thos. L. Gayer, M.D. (M. D. or other)
Address Mexico, Mo. Date signed 12/27/48

RECEIVED

District Health Officer No. 10

District File Number 1-49-62

Date Filed JAN 1 0 1949

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 William B Waters

Licensed Embalmer No. 4169

P. O. Address Sardalia 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.