

National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 8

Primary Registration District No. 4087

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Van Buren
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Moore3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex F Color or race W

5. Color or race W

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. 17 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	11	8	hr. min.

9. Birthplace Carter Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name James Maberry13. Birthplace Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Milleva Baker15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant John L. Moore(b) Address Van Buren, Mo.17. (a) Burial (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Van Buren, Mo.18. (a) Signature of funeral director Phil A. Leuckel
Van Buren, Mo.

(b) Address.....

19. Jan. 7-1949 Mrs. Ota Heuser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter

(c) City or town Van Buren, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1948 hour 8 minute P.M.21. I hereby certify that I attended the deceased from 11-15 1948 to 12-25 1948
that I last saw her alive on 12-24 1948
and that death occurred on the date and hour stated above.Immediate cause of death Senile Dementia Duration 6 mo.Due to Diabetes Mellitus+ arterio-sclerosis+ Stenosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: 61

Of operations.....

Of autopsy.....

Physician J. L. D.

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury.....

23. Signature Frank J. Rucinski (M.D. or other) Dr.Address Van Buren, Mo. Date signed 12-27-48

RECEIVED 1-10-49
District Health Officer No. 6
District File Number 14929
Date Filed 1-12-49

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 12-25-
....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Juchel
Licensed Embalmer No. 2936
P. O. Address Van Buren 7

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.