

FILED JUL 23 1942
Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 487

1. PLACE OF DEATH:

(a) County. Callaway
(b) City or town. Fulton
(c) Name of hospital or institution. State Hospital No. 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 m 24 d
(Specify whether
In this community. yes
years, months or days)

3. (a) PRINT FULL NAME

James F. Moore
3. (b) If veteran. DK.
name was DK.
3. (c) Social Security No. OK.

4. Sex. M 5. Color or race. W
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. Not
6. (c) Age of husband or wife if alive. 11 years
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 29
If less than one day
hr. 0 min. 0

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

10. Usual occupation. Licksmith

11. Industry or business. Stanford Moore

12. Name. Stanford Moore

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

14. Maiden name. Shene Ogley

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

16. (a) Informant. Record

(b) Address. Record

17. (a) Burial (b) Date thereof. 6/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Marion Cemetery

18. (a) Signature of funeral director. Boulton, J. H.

(b) Address. Salisbury, Mo.

19. (a) 6-17-42 (b) James F. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Moniteau
(c) City or town. California
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour 9-5 minute P. M.

21. I hereby certify that I attended the deceased from 6/1/42, 1942, to 6/10/1942
that I last saw him alive on 6/10/1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis 3m +

Due to Generalized Atherosclerosis 5/1

Due to 93d

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

Major findings: Of operations

Of autopsy

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 George H. Reers (M. D. or other) M.D.

Address Fulton Mo Date signed 6/11/42

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 Earle R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, Ca

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.