

FILED MAY 28 1944

Registration District No. _____

Primary Registration District No. 3060

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. FRANCOIS.
(b) City or town FARMINGTON
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS
(c) City or town FARMINGTON MO. 644
(If outside city or town limits, write "RURAL")
(d) Street No. 608 N. WASHINGTON (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTELLA MAUD MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced D. 2
6. (b) Name of husband or wife ALFRED MOORE | 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased FEB 26 (Month) (Day) (Year)

8. AGE: Years 49 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace ST. FRANCOIS CTY MO. 0 (City, town, or county) (State or foreign country)

10. Usual occupation CLERICAL WORK.

11. Industry or business _____

MOTHER FATHER
12. Name EDIE K. HOPKINS
13. Birthplace PENNSYLVANIA-1 (City, town, or county) (State or foreign country)
14. Maiden name PHOEBE MASON
15. Birthplace ST. FRANCOIS CTY MO. 1 (City, town, or county) (State or foreign country)

16. (a) Informant MRS ELLA MILLER

(b) Address 818 S. WASH. FARMINGTON MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation MO. P. Farmington

18. (a) Signature of funeral director Farmington Ind. Co.
(b) Address Farmington Mo.

19. (a) 5-5-44 (Date received local registrar) (b) J. J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1944 hour _____ minute _____ a. M.

21. I hereby certify that I attended the deceased from 1942 19____ to May 3 1943
that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death asthma & myocardia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy no.

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 L. M. Harwood (M. D. or other _____)

Address Farmington, Mo. Date signed 5/3/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1575

RECEIVED

5-13-44

District Health Officer No. 4

District File Number 544-3843

Date Filed 5-13-44

MAY 26 1944

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 *W. Cozcan*

Licensed Embalmer No. 4084

P. O. Address *Farmington, Md.*

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.