

6. 2
-10-39
7-39-11
X21492

JAN 25 1941
Registration District No. **865**

Primary Registration District No. **6143**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town SIMMONS
(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 2 yrs _____ (Specify whether)

3. (a) PRINT FULL NAME WILLIAM EARL Moulton

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

4. Sex MALE **5. Color of race** W

6. (a) Single, widowed, married, _____ **6. (c) Age of husband or wife if** _____
divorced Single _____
alive _____ years

7. Birth date of deceased Aug 29 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Clifford Moulton

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

14. Maiden name Esther Sherman

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

16. (a) Informant Clifford Moulton

(b) Address Simmons Mo

17. (a) Burial _____ **(b) Date thereof** Jan 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabarré

18. (a) Signature of funeral director J. V. Elliott

(b) Address Cabarré Missouri

19. (a) Jan 2 1941 Mrs. Loo McWilliam
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Simmons
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Rural

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Examined body 1/30 - 1941
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock from
examination

Due to (Pankreas)

Due to _____

Other conditions H D O
(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? _____

944 _____ (Specify type of place)
While at work? _____ (b) Means of Injury _____

23. Signature R. A. Ryan (M. D. or other) _____

Address Wm. Brown Date signed 1/31-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 14167

Date Filed _____

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.