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MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14396

State File No. _____

Registration District No. 249

Primary Registration District No. 5347

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Davis
(b) City or town Washington
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Emera L. Moulin

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie Moulin
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 1 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 3 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Peter Moulin
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Isabell Culp
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Moulin
(b) Address Gilman City

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

(c) Place: burial or cremation Gilman

18. (a) Signature of funeral director Walter Funeral Home
(b) Address Princeton, Mo. 236

19. (a) April 4 1941 (b) Mrs. H. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1941 hour 8 minute _____ M.

21. I hereby certify that I attended the deceased from April 2nd, 1941, to April 3rd, 1941
that I last saw him alive on April 3rd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Renforating Toxine
Ulcer
Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 J. P. Cook and (M. D. or other) _____
Address Jackson Mo Date signed 4/4/41

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

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 *H. Dean Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Princeton, N.J.*.....

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, fact should be so stated above.