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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAY 14 1946 THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13888**

Registration District No. 210 Primary Registration District No. 5772 Registrar's No. 28

1. PLACE OF DEATH:  
(a) County Mercer  
(b) City or town Rural - Medicine Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 28yrs. 5 Mo's. 12 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Mercer **65**  
(c) City or town Rural **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location) **0**  
(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilma Reen Moore  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10  
year 1946 hour 12 minute 10 A.M.  
21. I hereby certify that I attended the deceased from April 9  
1946, to April 10, 1946;  
that I last saw her alive on April 10, 1946, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gus Moore 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Oct. 27, 1917  
(Month) (Day) (Year)

Immediate cause of death Accidental burns. Duration 7 hrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 28 Months 5 Days 12 hr. min.  
9. Birthplace Mercer Co., Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1817/15  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
11. Industry or business Own Home  
MOTHER FATHER { 12. Name Samuel May  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Williams  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Gus Moore  
(b) Address Princeton, Mo.  
17. (a) Burial (b) Date thereof Apr. 12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Coon Cemetery  
18. (a) Signature of funeral director O. O. Grunlee  
(b) Address Lineville Iowa  
19. (a) 4-15-46 (b) Wan Martin  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident **65**  
(b) Date of occurrence April 9, 1946  
(c) Where did injury occur? Mercer Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home. (Specify type of place)  
While at work? yes. (e) Means of injury explosion  
23. Signature Byron J. Catell (M. D. or other) D. O.  
Address Princeton, Mo. Date signed 4/20/46

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 *Arms L. Shuler*  
Licensed Embalmer No. *3967*  
P. O. Address *Linnville Mo*

**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.**