

STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946
Registration District No. 32

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CUMMERS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 76 years, months or days year

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY

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

(d) Street No. 1429 Merrill St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. MOORE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1946 hour 2:55 minute A M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adelle Moore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 18 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-22- 1946 to 3-30- 1946
that I last saw him alive on 3-29- 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 1 Days 12
If less than one day hr. min.

Immediate cause of death: Carcinoma of Sigmoid Portion of Colon

Due to _____

Due to _____

9. Birthplace: Grundy Co MO
(City, town, or county) (State or foreign country)

Other conditions: 462
(Include pregnancy within 3 months of death)

10. Usual occupation: carpenter

Major findings: Carcinoma with adhesions Peritonitis

11. Industry or business: carpenter

Of operations: _____

Of autopsy: _____

12. Name: Levi Moore

13. Birthplace: Linn Co MO
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Beck

15. Birthplace: Grundy Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Becky Dean

(b) Address: Trenton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date there: April 1 1946
(Month) (Day) (Year)

(c) Place: burial or cremation: First Cong. Church, Trenton Mo

18. (a) Signature of funeral director: W. A. Davis

(b) Address: Trenton Mo

19. (a) 4-1-46 (Date received local registrar) (b) Frene Law (Registrar's signature)

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) (c) Means of injury _____

23. Signature: Wm J. Mason (M. D. or other) MD

Address: Trenton Mo Date signed: 3-30-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15293

6
1
2

**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.....

..... *Myself* Registered Apprentice No.....
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *3424*

P. O. Address. *Juntura 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.