

FILED NOV 15 1947

Registration District No. 65

Primary Registration District No. 4112

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Dutton  
(b) City or town Dutton  
(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 Mo (b) County Chariton 21  
(c) City or town Dutton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GENIA-MORGAN-CHRISTOPHER

(b) If veteran, name war N (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Black  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Archie Christopher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 12 1886  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Daniel Moore  
13. Birthplace Dutton County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan M. Connell  
15. Birthplace Chariton County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Nathanial S. Leggett  
(b) Address Raytown Mo

17. (a) Burial (b) Date thereof Oct 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dutton Mo

18. (a) Signature of funeral director High & Co Smith  
(b) Address Raytown Mo

19. (a) Oct 12 1947 (b) Mildred Boone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9<sup>th</sup>  
year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 2-47  
1947 to Oct 2-47 1947  
that I last saw her alive on Oct 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: July 47 open abdomen  
found to be carcinoma  
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 D. L. Peters DO (M. D. or other)  
Address Blountville Mo Date signed Oct 10

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

21  
0  
0

47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-14-47

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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. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Kytesville, 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.