S. No. 2
—1/47
5-7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12277

Registration District No. 122 — 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: 707 Highland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 86 years (years, months or days)

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.: 707 Highland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Levi Edward Moore
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lecenith Moore
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Sept 26, 1861 (Month) (Day) (Year)

8. AGE: Years 86 | Months 5 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace: Spickard (City, town, or county) MO (State or foreign country)
10. Usual occupation: Retired Carpenter
11. Industry or business: Building
FATHER
12. Name: James Moore
13. Birthplace: unknown (City, town, or county) Indianna (State or foreign country)
MOTHER
14. Maiden name: Martha Wood
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: R. C. Moore
(b) Address: Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Cemetery, Spickard, Mo
18. (a) Signature of funeral director: Raymond A. Davis
(b) Address: Trenton Mo.
19. (a) 3-15-1948 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from 9-2-1947 to 3-12-1948 that I last saw him alive on March 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of tongue	about one yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: C. H. Cullers (M. D. or other)
Address: Trenton Mo Date signed: 3-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Rayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.