FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 14 1948
Registration District No. 132

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22932
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 1002 Halliburton St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1002 Halliburton
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Walter 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 Widowed
6. (b) Name of husband or wife Elizabeth Hayes
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 27 (Day) 1858 (Year)

8. AGE: Years 90 Months 4 Days 22 If less than one day — hr. — min.

9. Birthplace Oshkosh (City, town, or county) Wis. (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Retail Store Retired

FATHER
12. Name William Moore
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Marianne Moore
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Geo. Hayes
(b) Address Trenton, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hamlin, Kansas
18. (a) Signature of funeral director Ralph A. Davis
(b) Address Trenton Mo.
19. (a) 7/19/48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1948 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1948 to July 19, 1948
that I last saw him alive on July 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation & Gen Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)
Address Trenton Mo Date signed 7/19/48

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

OCT 1 1946

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 Lawrence 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.