

Registration District No. 228

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Trouton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 405 W. 13th St
(If not in hospital or institution, write street number or location) 7
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days) _____

3. (a) PRINT FULL NAME FRED MOONEY

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased July 17 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Civil Engineer

11. Industry or business Construction Superintendent

12. Name Marvin H. Mooney

13. Birthplace Farbaire, Nebraska (City, town, or county) (State or foreign country)

14. Maiden name Victoria W. Wade (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Victor Wade Mooney

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof Jan 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Hendley Funeral Home

(b) Address Trouton, Missouri

19. (a) 1-5-40 (b) Irene D. Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Trouton
(If outside city or town limits, write "RURAL")
(d) Street No. 405 West 13th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1940 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 1st-1939
to Jan 4th 1940
that I last saw him alive on Jan 4th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease Duration ??

Due to ??

Due to ??

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 366

(Specify type of place) _____

While at work _____ (a) Means of injury _____

23. Signature Oliver F. Druffy (M. D. or other) _____

Address Trouton, Mo Day Jan 4th-1940

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

REV. 5-17-30 I 11851

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

440-5-84
APR 13 1940

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.....

Licensed Embalmer No. 3423

P. O. Address Brenton 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, above space should be left blank.