

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

2
-43
-39
43567

FILED FEB 14 1944

State File No. _____

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 205

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:
409 E 17th St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community LIFE
years, months or days

3. (a) PRINT FULL NAME GLASGOW V. MOORE

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-14-3138

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

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

7. Birth date of deceased JAN 2 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 0 17 hr. _____ min.

9. Birthplace GRUNDY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED R.R. EMP.

11. Industry or business _____

MOTHER FATHER

12. Name O. J. MOORE

13. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name ALLIE FLOWERS

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant MRS O. B. GEORGE

(b) Address TRENTON MO

17. (a) BURIAL (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPICKARD CEM.

18. (a) Signature of funeral director GIPSON FUN. HOME

(b) Address TRENTON MO

19. (a) 1-20-44 (b) L. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GRUNDY

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

(d) Street No. 409 E 17th
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1944 hour 5 minute 2 A.M.

21. I hereby certify that I attended the deceased from Nov 1 1943 to Jan 19 1944
that I last saw him alive on Jan 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis Duration _____

Due to _____

Due to _____

Other conditions Chronic Interstitial Nephritis 2 mi
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1/2/a

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) (b) Means of injury _____

23. Signature E. A. Duffy (M. D. or other) _____
Address Trenton Mo. Date signed Jan 20 44

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.....

C. M. Joiner

Licensed Embalmer No.....

3459

P. O. Address.....

Tombon

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.