

FILED JUL 8 1948

X37823

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 14

1. PLACE OF DEATH:

(a) County CAMDEN
(b) City or town CAMDENTON
(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 life
years, months or days

3. (a) PRINT FULL NAME William Valentine Moulder

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emmie 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Aug 20 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Felt Moulder 9

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Williams
(City, town, or county) (State or foreign country)

15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant B.V. Moulder

(b) Address CAMDENTON

17. (a) Burial (b) Date thereof 5-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roach Cemetery

18. (a) Signature of funeral director L.B. Jones

(b) Address Buffalo, Mo.

19. (a) June 29 1948 (b) Zilpha Draw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15
(c) City or town CAMDENTON 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased VIEWED May
2 1948 to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____

Due to Coronary Occlusion

Due to age - old heart condition

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none AD in
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) (a) Means of injury 3

23. Signature B.E. Woolery Coroner (M. D. or other) 3
Address CAMDENTON, MO. Date signed 5-8-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-48-725

Date Filed 7-6-48

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.....

Maria R. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.