

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural - Richmond Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 miles northeast Dockery H-No13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 79 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile NE Dockery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Mosby
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1948 hour 12:00 Midnight M.
21. I hereby certify that I attended the deceased from 12-1-48, 19____, to 12-7-48, 19____;
that I last saw her alive on 12-6-48, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife John H. Mosby 6. (c) Age of husband or wife if alive _____ years Unknown
7. Birth date of deceased December 13, 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 ds
Due to _____
Due to _____

8. AGE: Years 79 Months 11 Days 24 If less than one day _____ hr. _____ min.

Other conditions Arterio-sclerosis ?
(Include pregnancy within 3 months of death)

9. Birthplace Richmond, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housekeeping
12. Name Hiram Thompson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Caroline Harris
15. Birthplace Danville, Virginia (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John H. Mosby
(b) Address Richmond, Mo. R.F.D # 3
17. (a) DeBurial 9, 1948 (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri
18. (a) Signature of funeral director Quest-Lile F.H.
(b) Address Richmond, Missouri
19. (a) Dec. 11-1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature John J. Cook (M.D. or D.D.S.)
Address Richmond, Mo. Date signed 12-11-48

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

49

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-17-48

I

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 *[Signature]*

Licensed Embalmer No. 4066

P. O. Address *[Address]*

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.