

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15888

State File No. \_\_\_\_\_

MAY 15 1940

Registration District No. 744

Primary Registration District No. 3425

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution home 2  
In this community since 1881 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Lexington St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Charley Moss  
3. (b) If veteran, name war WW 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Moss 6. (c) Age of husband or wife if alive yes years \_\_\_\_\_  
7. Birth date of deceased Apr 17 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 10 3 hr. 00 min.

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

10. Usual occupation Miner

11. Industry or business Same

12. Name Philip P Moss

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

14. Maiden name Mary Moss

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

16. (a) Informant's own signature Ida Moss

(b) Address Richmond Mo

17. (a) City Richmond (b) Date thereof April 30 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

18. (a) Signature of funeral director J J Koon

(b) Address Richmond Mo

19. (a) April 27 1940 maahy jacobson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1940 hour 6 minute 15 A.M.  
21. I hereby certify that I attended the deceased from 4-26-40  
4-26-40, 19\_\_\_\_, to 4-27-40, 19\_\_\_\_;  
that I last saw him alive on 4-27-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema, acute  
Due to Cerebral Hemorrhage

Duration  
3 hrs.  
2 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 42%

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 965

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature J J Koon (M. D. or other) M.D.  
Address Richmond, Mo. Date signed \_\_\_\_\_

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.

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed S-14-40

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.....

working under my personal supervision.

Signed.....

....., Registered Apprentice No.....

Licensed Embalmer No. 2001

P. O. Address Richmond, 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.