

13727

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 7 1948

Registration District No. 278

Primary Registration District No. 6023

Registrar's No. 1

1. PLACE OF DEATH:

(a) County RAY
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 10 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 89
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MILES WEST OF LIBERTY MO. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR WHITE MOSS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased JUNE 19 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 27 hr. min.

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

10. Usual occupation FARMER AND GROCER

11. Industry or business FARMING

MOTHER FATHER { 12. Name RICHARD MOSS
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name ALMEDIA KIRKENDOLL
15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Walter S. Moss
(b) Address Lawson, Mo.

17. (a) BURIAL (b) Date thereof FEB 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandal's Cemetery

18. (a) Signature of funeral director A.W. Gorman

(b) Address Lawson, Mo.

19. (a) Feb 16, 1948 (b) Mrs. Raymond Moss
(Date received local registrar) (Registrar's signature) 21511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AFW Of autopsy _____

Duration
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) (e) Means of injury 3

23. Signature John F. Baber (M. D. or other) _____

Address Lawson, Mo. Date signed 2-16-48

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

S. No. 2
1-8-43
5-17-39
1 X37823

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-6-48

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.....

Lindus F. Jarman....., Registered Apprentice No. 88
working under my personal supervision.

Signed E. E. White.....

Licensed Embalmer No. 4168

P. O. Address Excelsior Spring, 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.