

RECD APR 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10206  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86

(b) Township Ashland Primary Registration District No. 5129 Registered No. 20

(c) City St. Joseph (d) Street No. R.R. #3 St.

(e) Length of residence in city or town where death occurred yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Mossman Jr

(a) Residence, No. R.R. #3 St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30, 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>5</u>		<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)

FATHER

13. NAME George Mossman

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Alice Miller

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)

17. INFORMANT George Mossman (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, Mo. DATE March 15, 1939

19. FUNERAL DIRECTOR (NAME) Barry-Wylie Funeral Home (ADDRESS) 218 South 10th

20. FILED March 14, 1939 Myrtle M. Hanson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939 viewed

22. I HEREBY CERTIFY, That I attended deceased from March 14th, 1939, to March 14th, 1939.

I last saw h. alive on March 13, 1939 at 2:30 P.M. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia following a cold

Date of onset

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B.W. Tadlock Coroner, M. D.

(Address) King Hill Bldg

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. 11,

District File Number 29-182

Date Filed APR 1 1982

**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,

*D. E. Ryan*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*D. E. Ryan*

Licensed Embalmer No.

*3613*

P. O. Address

*St. Joseph, 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.