

1939 APR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10876  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
 (b) Township SPRINGFIELD Primary Registration District No. 5439  
 (c) City SPRINGFIELD (d) Street No. Route 11 Camp St.  
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Almon Fletcher Mosher

(a) Residence, No. Route No. 11 St.  Route # 11  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1880  
 7. AGE YEARS 59 MONTHS 0 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Centralia, Kansas  
 (STATE OR COUNTRY)

13. NAME Nathan Mosher  
 14. BIRTHPLACE (CITY OR TOWN) New York State  
 (STATE OR COUNTRY)

15. MAIDEN NAME Lydia Mosher  
 16. BIRTHPLACE (CITY OR TOWN) Iowa  
 (STATE OR COUNTRY)

17. INFORMANT Jonathan Mosher  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE March 16, 1939

19. FUNERAL DIRECTOR (NAME) F. C. T. Truene  
 (ADDRESS) Springfield, Mo.

20. FILED 3-15 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to Mar. 14, 1939  
 I last saw him alive on 3-12, 1939. Death is said to have occurred on the date stated above, at 7:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma, Stomach 1938  
 Other contributory causes of importance: H<sub>2</sub>O

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Stomach Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) E. G. Mullin, M. D.

(Address) Springfield, Mo.

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.

WRITE PLAINLY, WITH UNDERSTANDING

**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, .....

*Ralph Christie*

....., or by .....

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

Signed.....

*Ralph Christie*

Licensed Embalmer No.....

*3681*

P. O. Address.....

*Springfield, 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.**