REC'D APR 24 1939

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

11417
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 496
(b) Township — Primary Registration District No. 3025 — Registered No. 22
(c) City Brookfield — (d) Street No. McTurney Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Alfred Mossbarger
(a) Residence, No. 216 New Cambria Mo St.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 10 - 1882

7. AGE: YEARS 56 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTRY): New Cambria Macon Co. Mo

FATHER
13. NAME: Samuel L. Mossbarger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Cambria Macon Mo

MOTHER
15. MAIDEN NAME: Alice Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): un

17. INFORMANT (ADDRESS): Mrs Charles Mossbarger New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Marys DATE Mar 11 1939
Wien Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jas McLaughlin Marceline Mo

20. FILED Apr 1 1939 Jno H Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1939, to 3-7 1939
I last saw him alive on 3-7 1939. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from colon	2 da
46	

Other contributory causes of importance:

Lesions of sigmoid carcinoma	6 mo.

Name of operation: None — Date of: 0
What test confirmed diagnosis? Ostet — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury ✓, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) [signature], M. D.
(Address) Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-597
Date Filed APR 13 1939

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, Blanche McLaughlin, or by Dale Burich

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline

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.