

REC'D APR 21 1939

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

11716
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Co Registration District No. 1046
(b) Township Shoal Creek Primary Registration District No. 5810
(c) City or Village Wagon Mound Mo (d) Street No. Lagimar, Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2611 Lagimar Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Lagimar Mo.

FATHER 13. NAME Solomon C Moser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Jury Moser, Lagimar Mo.

18. BURIAL, CREMATION, OR REMOVAL Lagimar DATE 3-12-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wright Brothers, Wagon Mound Mo

20. FILED 3-13-39 1939 Wagon Mound Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-39

22. I HEREBY CERTIFY, That I attended deceased from May 20 1939 to March 8 1939
I last saw him live on March 8 1939. Death is said to have occurred on the date stated above, at 1-40 P.M.
The principal cause of death and related causes of importance were as follows:

Artery Sclerosis Date of onset
Senility 97
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) R. Z. Cheatham M. D.
(Address) Diamond 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-806

Date Filed APR 11 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, or by.....

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

working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 25748

P. O. Address Joplin 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.