REC'D JUL 18 1939

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

22634
Do not use this space.

1. PLACE OF DEATH
(a) County Macon
(b) Township Round Grove
(c) City or Town Anabel
Registration District No. 533
Primary Registration District No. 5721
Registered No. 59
(d) Street No. ..... 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 Frances Marian Moss
(a) Residence, No. Anabel, Mo. R. F. D. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	1	10	

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. 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) Macon, Mo. O

FATHER
13. NAME James Moss. O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O

MOTHER
15. MAIDEN NAME Addie Raney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Nellie Burkhart
(ADDRESS) Anabel, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE 6/17/39, 19

19. FUNERAL DIRECTOR (NAME) Albert Skinner.
(ADDRESS) Macon, Mo.

20. FILED 6/26, 1939 Sadie Newton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY That I attended deceased from May, 1939, to June 15, 1939
I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1934
936	

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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) O. L. Harlan, M. D.
(Address) Clarence

(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.

RECEIVED
District Health Officer No. 10
District File Number 7-39-1181
Date Filed JUL 10 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 George Dale

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.