

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

1699
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan, Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 32
 (c) City St. Joseph, (d) Street No. 410 E. Colorado Ave. 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 21 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James A. Moser,
 (a) Residence, No. 410 E. Colorado Ave., 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) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ionia D. Moser,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1869,
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Proprietor,
 9. Industry or business in which work was done, as saw mill, bank, etc. Sandwich Shop,
 10. Date deceased last worked at this occupation (month and year) Jan'y 1940. 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

FATHER 13. NAME John Moser,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

MOTHER 15. MAIDEN NAME Elizabeth Harvey,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT (ADDRESS) Miss Bessie Moser, 410 E. Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amazonia, Mo. DATE Jan'y 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton, Blyskal & Bowman, Funeral Home, 319 So. 10th. Str.

20. FILED Jan 11, 1940 J. J. Nuttlebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9th, 1940
 22. I HEREBY CERTIFY, That I attended deceased from on Jan 9, 1940 to Jan 9, 1940
 I last saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion 1-9-40
9410
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? yes
 If so, specify Yes
 (Signed) Wm. Raymond, M. D.
 (Address) 620 Francis St. Joseph, 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.

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,

1-9-40

or by

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

Signed *Wm. J. Summerseed*

Licensed Embalmer No. 45007

P. O. Address *379 50th 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.