

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25005

State File No. _____

Registration District No. 218

Primary Registration District No. 5308

Registrar's No. 78

27

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural, Lamine Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ ? _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Errett Moseley. 240
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice Miller Moseley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 1 _____ hr. _____ min.

9. Birthplace Montgomery County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business On farm.

MOTHER FATHER { 12. Name James L. Moseley.
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Ann Thompson.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. P. Wolf
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof July 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Lamine Cemetery

18. (a) Signature of funeral director Goodman & Bally
(b) Address Boonville, Mo.

19. (a) 7-31-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural, Lamine Township.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Lamine Township
Blackwater R.F.D.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 12 minute 15 Noon

21. I hereby certify that I attended the deceased from July 27
_____, 1940, to July 28, 1940
that I last saw him alive on July 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration _____
Due to hypertension
Arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
197 _____
While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature Dr. J. W. Hurst (M. D. or other) D.O.
Address Blackwater Date signed July 30, 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-40

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 JH Goodman
Licensed Embalmer No. 1178
P. O. Address Bonwells, 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.