

Registration District No.

815

Primary Registration District No.

4491

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Blodgett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Main Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 30 years. (Specify whether
 years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
 (c) City or town Blodgett
 (If outside city or town limits, write "RURAL")
Main Street
 (d) Street No. _____ (If rural, give location)
0
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Matthew Thomas Moss

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Moss 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased. Sept. 25 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 12 _____ hr. _____ min.

9. Birthplace Mill Springs Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation School-bus driver.

11. Industry or business Blodgett Cons. School Dis

MOTHER FATHER { 12. Name Ed Moss

13. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Polly Roberts

15. Birthplace Mill Springs Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Moss

(b) Address Blodgett, Missouri

17. (a) Burial (b) Date thereof Nov. 10, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett Cemetery

18. (a) Signature of funeral director Charles [Signature]

(b) Address Blodgett, Missouri

19. (a) 4/11/40 (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
 year 1940 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Nov 7, 1940
 that I last saw him alive on Nov 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions acute nephritis
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) !

Address Blodgett, Mo Date signed Nov 15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 11 1940

1426

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.....

E. E. Nunlee

Licensed Embalmer No.

4164

P. O. Address.....

Charleston, W. Va.

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39914

Registration District No. 815

Primary Registration District No. 4491

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Blodgett
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Matthew Thomas Mass

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 68 Months 1 Days 12 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 7 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myo carditis Duration _____

Due to General upper respiratory infection
Due to _____

Other conditions acute nephritis
(Include pregnancy within 3 months of death) N.M.D.

Major findings: Of operations _____

Of autopsy 92A

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. Blodgett (M. D. or other)

Address Blodgett Date signed _____

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

SUPPLEMENTARY

1940
S-39914