

REC'D JAN 13 1941

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

41811
Do not use this space.

1. PLACE OF DEATH
 (a) County Boone 2 Registration District No. 78
 (b) Township 0 Primary Registration District No. 4046
 (c) City Rockport (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 CHARLES MOSS
 (a) Residence, No. ROCKPORT 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 55

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Rockport 0
 (STATE OR COUNTRY) Missouri

13. NAME Don't Know 9

14. BIRTHPLACE (CITY OR TOWN) _____ 9
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

17. INFORMANT Moses Moss
 (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport Mo. DATE 12-18-40

19. FUNERAL DIRECTOR (NAME) Stuart P. Parker
 (ADDRESS) Columbia, Missouri

20. FILED 12-30 1940 Mary M. Angell 79
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1938, to 12-15-40, 19____.

I last saw him alive on 12-11-40, 19____. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:
Organic Heart Disease

Date of onset _____

Other contributory causes of importance:
none

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify: _____
 (Signed) Oa Moss M. D.
 (Address) 301 N. 5th St. Columbia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16805

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, *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address. *Columbia, 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.