

JAN 6 1941

Registration District No. 231

Primary Registration District No. 5314

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: Crawford

(a) County Crawford

(b) City or town Rural Meramec
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3 Cuba
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Lincoln Grant Moss

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased July 20 1863
(Month) (Day) (Year)

8. AGE:	Years <u>77</u>	Months <u>4</u>	Days _____	If less than one day _____ hr. _____ min.
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9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jared B. Moss

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

14. Maiden name Mary Josephine Madden

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

16. (a) Informant Mrs Viola Sharpe

(b) Address Cuba rt#3 Missouri

17. (a) Burial (b) Date thereof 11 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moss Cemetery

18. (a) Signature of funeral director Jas. E. Hollow

(b) Address Cuba Mo.

19. (a) 12-9-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20th
year 1940 hour 5:20 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Nov. 20 5:20 PM., 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Hypertension

Due to _____

Other conditions _____
(Includes 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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? Yes (Specify type of place) (a) Means of injury none

23. Signature Julian Cranson (M. D. or other) OC
Address Cuba Mo. Date signed 11/22/40

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

RECEIVED

District Health Officer No. 5,

District File Number 12401208

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.