

FILED MAY 5 1941

No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14827
State File No.

FILED MAY 5 1941
Registration District No. 706

Primary Registration District No. 4240

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carl Junction
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carl Junction 3
(If outside city or town limits, write "RURAL")
(d) Street No. 309 S. Roney 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME WALTER C. MOSIER

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Lena D. Mosier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 8th 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 3
If less than one day hr. min.

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

10. Usual occupation Meat Cutter
11. Industry or business Meat Market

MOTHER FATHER
12. Name Adam Mosier
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kendergraft
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Mosier
(b) Address Carl Junction, Mo.

17. (a) Burial (b) Date thereof Apr. 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Roney Funeral Service
(b) Address Carl Junction, Mo.

19. (a) April 12 1941 (b) Roy Plmach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr. 4
1941 to Apr. 10 1941
that I last saw him alive on Apr. 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Pulmonary. Don't know

Due to
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?

950
23. Signature O. L. Alberly
Address Carl Junction, Mo. Date signed Apr 12 1941

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

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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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.