

FILED MAY 9. 1941

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

16073

Do not use this space.

1. PLACE OF DEATH  
3 (a) County Stoddard Registration District No. 834 10  
(b) Township Price Primary Registration District No. 6097 9  
(c) City Franklin, Mo (d) Street No. 1 Registered No. 23  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 William Thomas Sherman Mosley  
(a) Residence, No. Near Advance, Mo St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Girlye Mosley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 1 25  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
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) (STATE OR COUNTRY) Bellinger Co., Missouri  
13. NAME C. S. Mosley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Nersey Kinder  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) Sherman Mosley  
Advance, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Clairview Cemetery Apr. 5, 1941  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gloye & Mary  
Advance, Mo  
20. FILED April 15, 1941 D. S. McCre  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1941  
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1941, to Apr. 3, 1941  
I last saw him alive on Apr. 2, 1941. Death is said to have occurred on the date stated above, at 10 A. M.  
The principal cause of death and related causes of importance were as follows:  
Langrene of foot Date of onset  
97  
Other contributory causes of importance:  
Leukemia and arteriosclerosis  
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) E. C. Masters M. D.  
(Address) Advance, Mo.  
75

RECEIVED

District Health Officer No. 2,

District File Number 541-511

Date Filed 5/8/41

**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, \_\_\_\_\_

*Henry J. Morgan*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Henry J. Morgan*

Licensed Embalmer No. 3360

P. O. Address Admission, 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.**