FILED JUN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18725

Registration District No. 692 Primary Registration District No. 4414 Registrar's No.

3 0 6

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Dearborn Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 8 8

(c) City or town Dearborn, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME David Moss

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah R. Moss

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April (Month) 2nd. (Day) 1863 (Year)

8. AGE: Years 78 Months 1 Days 27 If less than one day — hr. — min.

9. Birthplace Eaton / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer, Farming

11. Industry or business None Retired

FATHER
12. Name Martin Moss
13. Birthplace Eaton / Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dooley
15. Birthplace / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Moss
(b) Address Dearborn, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn, Missouri

19. (a) May 31st 41 (Date received local registrar) (b) W. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 5:07 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1941, to May 29 1941 that I last saw him alive on May 28 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 mo
Due to Cancer of Face and jaw	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence no

(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? (Specify type of place)

While at work? No (e) Means of injury No

23. Signature W. H. Moore (M. D. or other) Coroner

Address Dearborn Mo Date signed 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

78

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.

No. 2B
4-25-41
I X27852

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 18725

Registration District No. 678 Primary Registration District No. 4414 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Dearborn
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Moss

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	Months	Days	If less than one day
	78	1	27	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) M H Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 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 Cancer of face and Jaw — Duration 1930

Due to Right Superior maxillary primary

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55d

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

23. Signature M H Moore (M. D. or other) Reg 1/4
Address Dearborn Mo. Date signed

S-18725 1941