

Registration District No. **202**  
**FILED OCT 21 1941**

Primary Registration District No. **5422**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **GASCONADE**  
(b) City or town **RURAL - CANAAN TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Rosebud, R. # 1. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **8 YEARS.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **ROSEBUD - ROUTE 1.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **19**  
year **1941.** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from  
**Aug 15 1941** to **Sept 19 1941**  
that I last saw him alive on **Sept 19 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Endocarditis**

Due to **unknown**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **Charles Schmitt** (M. D. or other) **MD**  
Address **Rural Mo** Date signed **9-20-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **FAYE IRENE MOSS**

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

4. Sex **FEMALE** 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 \_\_\_\_\_

7. Birth date of deceased **DECEMBER 29 1933.**  
(Month) (Day) (Year)

8. AGE: Years **8** Months **8** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **(NEAR) DRAKE MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **VESTER MOSS**

13. Birthplace **SPRING BLUFF MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **NORA HINSON**

15. Birthplace **MARIES COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. & Mrs. Vester Moss**

(b) Address **Rosebud, Mo. R. 1.**

17. (a) **BURIAL** (b) Date thereof **SEPT. 21 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OWENSVILLE CITY CEMETERY**

18. (a) Signature of funeral director **H. J. Gattenstreter**

(b) Address **Owensville, Mo.**

19. (a) **Sept 23 1941** (b) **Alice Koch**  
(Date received local registrar) (Registrar's signature)

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

37  
0  
0

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Melgard H. H. Winter  
Licensed Embalmer No. 3838

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.**