

240
39
23159

38774

DEC 22 1941 STANDARD CERTIFICATE OF DEATH

State File No. 343

Registration District No. 514

Primary Registration District No. 6683

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow ^{Mammal Twp}
(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 20 yrs
In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 35
(c) City or town Ludlow
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME James Madison Mossbarger

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Mossbarger 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 23, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Eli Mossbarger

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

14. Maiden name Elizabeth Donan

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

16. (a) Informant Dan Mossbarger

(b) Address Ludlow, Missouri.

17. (a) Burial (b) Date thereof Nov. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Center Cem

18. (a) Signature of funeral director Bernard Mead

(b) Address Braymer, Missouri

19. (a) Nov. 16, 1941 (b) Hannah Capple
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14.
year 41 hour 9-20 minute M.

21. I hereby certify that I attended the deceased from 11-14
1941 to 11-14 1941;

that I last saw him alive on Nov 12, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 3 yrs

Due to

Due to

Other conditions None
(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?

(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 Alex Moore (M. D. or other)

Address 11-15-41 Date signed

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

MOTHER FATHER

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.....

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.