

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Lansane Ct.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Terry Thomas Moss

3. (b) If veteran, name war 770 3. (c) Social Security No. 170

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

6. (b) Name of husband or wife Mollie S. Moss 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 24 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas S. Moss

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

14. Maiden name Mary Ann Brown

15. Birthplace Lansane Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Terry T. Moss

(b) Address New Hartford MO

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

(c) Place: burial or cremation New Hartford

18. (a) Signature of funeral director Walter Johnson

(b) Address Bowling Green MO

19. (a) 12-15-41 (b) J. O. Keen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Curryville
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec. 14
1941, to Dec. 15 1941;
that I last saw him alive on Dec. 15 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 28 hrs.

Due to _____
Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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

23. Signature Eugene Carriger (M. D. or other) 12/15/41
Address Bowling Green, Mo Date signed

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

FORM 5-17-39
REV. 5-17-39
U. S. G. P. 1 X1031

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR STATE DEPARTMENT

RECEIVED

District Health Officer No. 10

District File Number 1-42-55

Date Filed JAN 9 1942

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.