S. No. 2
1—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 4 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2559

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City

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

(c) Name of hospital or institution: Freeman Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Stoplet Jno (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 Gene M. Moses

3. (b) If veteran, name war WORLD #1

3. (c) Social Security No. 491-01-2896

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 35 Years

7. Birth date of deceased May (Month) 14 (Day) 1899 (Year)

8. AGE: Years 42 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Editor Farm Bureau

11. Industry or business Joplin Globe Publishing Co.

FATHER 12. Name W. R. Moses

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

MOTHER 14. Maiden name Annah Ray Raines

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

16. (a) Informant Mrs Alma Moses

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Stonehill-Dillon

(b) Address Joplin Mo.

19. (a) 1-26-42 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 42 hour 4 P minute P M.

21. I hereby certify that I attended the deceased from January 9 1942 to Jan 21 1942 that I last saw him alive on Jan 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 10 days

Due to Pneumococcic Pneumonia — 3 days

Due to Secondary Anemia — autopsy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 104

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 Geo Hughes M.D. (M. D. or other)

Address 708 Schas Bldg Joplin Mo Date Jan 24-42

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1942

MAR 3 1942

MAR 29 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 Senta. Thornhill, Registered Apprentice No. ....., working under my personal supervision.

Signed Senta. Thornhill

Licensed Embalmer No. 3140 —

P. O. Address Joplin, 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, fact should be so stated above.