

BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 683

Primary Registration District No. 4407

Registrar's No. 23

1. PLACE OF DEATH: Police

(a) County \_\_\_\_\_

(b) City or town Ashley Mo  
(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 Mo (b) County Pike 83

(c) City or town Ashley Mo 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Minnie Bartles Moss

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased June 12 1894  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1942 hour 7 minute \_\_\_\_\_ E. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1941, to 4/9, 1942  
that I last saw her alive on 4/9/42, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 9 21 hr. \_\_\_\_\_ min.

Immediate cause of death Myocardial Infarction Duration 1 day

Due to Diabetes

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

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

10. Usual occupation House Keeper

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

Major findings: 61

Of operations \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

12. Name Wm Bartles

18. Birthplace N. D.  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know  
(City, town, or county) (State or foreign country)

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant's own signature Harold Arthur Moss

(b) Address Leadon Rapids Iowa

17. (a) Burial (b) Date thereof Apr. 11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Cemetery

18. (a) Signature of funeral director Grace Toant head

(b) Address Bowling Green Mo.

19. (a) 4-18-1942 (b) Gen Frank Soden  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no

23. Signature J. M. Walters (M. D. or other) \_\_\_\_\_

Address 13 W. 1st Street Mo Date signed 4/19/42

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

Rev. 5-17-39 1 x19311

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.

RECEIVED

District Health Officer No. 10

District File Number 5-42-890

Date Filed MAY - 5 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 Danfereed

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.