

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24677

State File No. ....

Registration District No. 175

Primary Registration District No. 5646

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Buckprairie Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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.....  
years, months or days)

3. (a) PRINT FULL NAME Henry Clay Moseley  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elizabeth Moseley 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased July 13th 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 11 21 hr. min.

9. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Garrett M. Moseley  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Smith  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lyda Forester

(b) Address R#2 Aurora, Missouri

17. (a) Removal (b) Date thereof 7-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Bradford Funeral Home

(b) Address Marionville, Missouri

19. (a) July 4 1942 (b) James B. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Rt. #2 Aurora 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1942 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 30  
1942 to July 4 1942  
that I last saw him alive on June 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Senility

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92d

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?  
(Specify type of place)

While at work?..... (e) Means of injury 2

23. Signature Wayne M. [Signature] (M. D. or other) W.D.

Address Marionville, Mo Date signed 7/4/42

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

55  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 842-1091

Date Filed AUG 11 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 Eugene Wood  
Licensed Embalmer No. 3804  
P. O. Address Marionville, 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.