

ALL SEP 8 1942

State File No. ....

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 7

3800  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry - Cooper Imp

(b) City or town Rural

(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 28-5-0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Rural

(d) Street No. three miles S.E. of Stanbury (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? no (Yes or No)

If yes, name country. ....

3. (a) PRINT FULL NAME LA VENG ANN MOSLEY

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 <sup>th</sup> year 1942 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from 4-30-42 1942 to 8-16 1942 that I last saw him alive on 8-16 1942 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race whit

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

6. (b) Name of husband or wife Charles Lewis Mosley

6. (c) Age of husband or wife if alive 15 years (Day) (Month) (Year)

7. Birth date of deceased 9 15 1866 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to.....

Due to.....

Other conditions Bright's Disease (Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Mayaville local Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 1381

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Samuel L. Fedmay

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

14. Maiden name Fiddy Ann Parker

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

16. (a) Informant Miss Grace Mosley

(b) Address Stanbury Mo.

17. (a) Burial (b) Date thereof Aug 18 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge

18. (a) Signature of funeral director Stewart Hanson

(b) Address Stanbury Mo.

19. (a) 8/26/42 (b) Howard J. Webster (Date received local registrar) (Registrar's signature)

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 B. C. Spurgeon (M. D. or other)

Address Stanbury Mo Date signed 8-18-42

1108

**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 .....

*J. Evan Johnson*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *J. Evan Johnson* .....

Licensed Embalmer No. *3492* .....

P. O. Address *Starbuck 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.**