No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2003

State File No. 29692

Registrar's No. 65

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 613 8th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 613 8th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Oscar John Doss
3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Fellwock Doss
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Oct. 23, 1888 (Month) (Day) (Year)

8. AGE: Years 53 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Aurora, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business .....
MOTHER FATHER
12. Name Theodore Doss
13. Birthplace Freistatt, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Otellia Worm
15. Birthplace Freistatt, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Oscar Doss
(b) Address 613 8th. St. Monett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 9-17-1942 (Date received local registrar) (b) Mrs Geo. Harman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1942 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1942, to Sept 15, 1942 that I last saw h. alive on Sept 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute myocarditis	5 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? .....
While at work? (Specify type of place) (e) Means of injury .....
23. Signature E. G. Brock (M. D. or other) D.O.
Address Monett, Mo. Date signed 9-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1477
Date Filed OCT 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 J. R. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Minot Mon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.