

FILED DEC 12 1942

Registration District No. 197

Primary Registration District No. 4304

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Ludlow  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Delivery-Ludlow, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Ludlow, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. General Delivery  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Cathrine MOSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Marshall MOSS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 3rd. 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 16 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Fort Madison Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Bernard Wenke  
13. Birthplace Lee County Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rosen  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. W. Linhart  
(b) Address R. F. D. Dawn, Missouri.  
17. (a) Springhill, Mo. (b) Date thereof 10-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springhill, Cemetery

18. (a) Signature of funeral director F. B. Norman-Co.  
(b) Address Chillicothe, Missouri.  
19. (a) Oct. 19/42 (b) Blanche Capple  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th year 1942 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from August 1st 1942 to Oct 19 1942 that I last saw her alive on Oct 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Duration

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

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

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

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 [Signature] Address Ludlow, Mo. Date signed 10/19/42

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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.....

..... E. R. Norman ....., Registered Apprentice No. 2374 .....,  
working under my personal supervision.

Signed ER Norman .....

Licensed Embalmer No. 2334 .....

P. O. Address Chillicothe, 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.**