

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 58 days
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 5407 Morris Ave
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Ollie Mae Mosier
(b) If veteran, name war no
(c) Social Security No. 487-14-9422

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2 year 1943 hour 2 minute 45 P.M.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, or widow 2 widow
(b) Name of husband or wife Jerry
(c) Age of husband or wife if alive years
7. Birth date of deceased: May 10 1885

21. I hereby certify that I attended the deceased from 9-8-43 to 1-2-43
that I last saw him alive on 1-2-43 and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic emphysema
Durgition
Subcutaneous
over 4 mos

8. AGE:	Years	Months	Days	If less than one day
	58	7	22	hr. min.

Due to _____
Due to _____

9. Birthplace Davenport, Iowa
10. Usual occupation seamstress
11. Industry or business W.P.A.

Other conditions none
Major findings: Of operations 740
Of autopsy _____

12. Name J. W. Smith
13. Birthplace U.S.A.
14. Maiden name Dora Cottle
15. Birthplace U.S.A.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Dora Bertagnolli
(b) Address R. R. #2, City
17. (a) Burial Mt Auburn Cemetery
(b) Date thereof 2-5-43
(c) Place: burial or cremation Tracy Barry Funeral Home
18. (a) Signature of funeral director
(b) Address 218 South 10th St
19. (a) 2-5-43 (b) Rose Herzog (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?
23. Signature (Specify type of death) (M. D. or other)
Address 218 South 10th St Date signed 1-3-43

JAN 28 1949

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 Victor J. Barry
Licensed Embalmer No. 4212
P. O. Address St. Joseph 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.