

FILED FEB 13 1943

Registration District No. 28

Primary Registration District No. 3006-5120

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
222 E. 2nd St. 1  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 222 E. 2nd St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOVELLA MOSELEY

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

4. Sex Female 5. Color or race negro

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

7. Birth date of deceased 1-29-1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Private home

12. Name Alfred Simpson

13. Birthplace Calloway Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Fisher

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

16. (a) Informant Jefferson Moseley

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 1-30-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frank E. Deakin

(b) Address Columbia Mo

19. (a) 1-30-1943 (b) Edna H. Barker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26<sup>th</sup> day Jan  
year 1943 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 8 to Jan 26, 1943  
and that death occurred on the date and hour stated above.

that I last saw him alive on Jan 24, 1943

Immediate cause of death: apoplexy (stroke)

Due to: Hypertension

Due to: Arterio-sclerosis

Other conditions: myocardial infarct  
(Include pregnancy within 3 months of death)

Duration

3 days

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Frank E. Deakin (M. D. or other) Mo

Address Columbia Mo Date signed 1-28-43

GEORGE I. BEER

JAN 6 1930

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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.....  
.....  
Registered Apprentice No. ....  
.....  
working under my personal supervision.

Signed *Stuart D. Parker*.....

Licensed Embalmer No. *3900*.....

P. O. Address. *Columbia 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.