

FILED FEB 13 1943  
Registration District No. 35

Primary Registration District No. 4050

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Northome Mo Egypt  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Life time (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Remas H Moss

3. (b) If veteran, name war no 3. (c) Social Security No. 493-12-1975

4. Sex Male 5. Color or race B 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Moss 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 16 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carroll County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business

12. Name Harrison Moss

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

14. Maiden name Rachel Moss

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

16. (a) Informant Bertha Moss

(b) Address Northome Mo

17. (a) Burial (b) Date thereof 1 22-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stemple Cemetery

18. (a) Signature of funeral director John Deitch

(b) Address Northome Mo

19. (a) 1-21-43 (b) John H Deitch Dep  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carroll  
(c) City or town Northome Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 year 43 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-5 1943 to 1-19 1943

that I last saw him alive on 1-19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_

23. Signature B. C. Cole (M. D. or other) \_\_\_\_\_

Address Northome Mo Date signed 1-21-43

Duration 1 1/2  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-13-43

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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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John B. Detch

Licensed Embalmer No. 3654

P. O. Address Harborside 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, above space should be left blank.