

FILED MAR 8 1943 99

Registration District No.

Primary Registration District No. 6026

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural; Black River Imp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles West of Black
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles West of Black
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frances Rachel Moses

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James Monroe Moses 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 15 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 10 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name George Brown

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

14. Maiden name Josephine Chilcote

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

16. (a) Informant William Moses
(b) Address Black Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Black Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.

19. (a) 3/3/43 (Date received local registrar) (b) One Percy Wallington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1943 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 10 1943 to Feb. 25 1943 that I last saw or alive on Feb. 20th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis & mitral insufficiency

Due to.....
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) (c) Means of injury.....
23. Signature B. W. Fitzpatrick (M. D. or other) Address Westerville Mo. Date signed 2/28/43

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

70
00
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1144

RECEIVED

District Health Officer No. 4

District File Number 943142

Date Filed 3-5-42

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Emmel J. White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Fronton 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.