

Registration District No. 155

Primary Registration District No. 5576

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Duval Jasper
(c) Name of hospital or institution: Six mile west of Jasper 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 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Six mile west of Jasper.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Benjamin Moser

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

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

6. (b) Name of husband or wife Florence Moser 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 6th. 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farmer

12. Name George Moser

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Moser

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 4-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 4/8/43 (b) Mrs. Lillie Seale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 - 43
year _____ hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1940 to April 7 1943
and that I last saw him alive on April 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic glomerulonephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/18

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 Robert Berry (M. D. or other) DO

Address Allen Date signed 4-8-43

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

MOTHER FATHER

49
0
0

45-4-380

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.....

Chas. J. Tetter

Licensed Embalmer No. *2566*

P. O. Address *Jasper 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.