S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15003

FILED MAY 14 1943

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Station Hospital, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community six months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kentucky (b) County Unknown 15

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R 2 Georgetown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 9

3. (a) PRINT FULL NAME George W. Moss

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

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

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Feb. (Month) 22 (Day) 1922 (Year)

8. AGE: Years 21 Months 1 Days 28 If less than one day -- hr. -- min.

9. Birthplace Rogers Gap (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Soldier

11. Industry or business United States Army

FATHER
12. Name William Moss.
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mrs. Neva J. Moss.
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown, Ky.

18. (a) Signature of funeral director Knell Mortuary,
(b) Address Carthage, Missouri

19. (a) 4-18-1943 (Date received local registrar) (b) Corby Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 8 minute 5 A.M.

21. I hereby certify that I attended the deceased from April 11, 1943, to April 18, 1943;
that I last saw him alive on April 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Right heart failure

Due to (1) Rheumatic mitral valvular disease. (2) Pericarditis, fibrinous

Due to
Pneumonia, broncho.

Other conditions
(Include pregnancy within 3 months of death)

92C

Major findings:
Of operations

Of autopsy Pericarditis (fibrinous) (2) Mitral valvular heart disease. As Above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
-- (Specify type of place)
While at work? -- (e) Means of injury --

23. Signature Leon Galinsky Capt MC (M. D. or other) MC
Address Camp Crowder, Missouri Date signed 4/18/43

1110 (Licensed Embalmer's Statement on Reverse Side)

Date Received MAY 5 1943
File No. 543-82

MAY 11 1943

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

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.