

7. S. No. 2  
 FORM-5-42  
 Rev. 5-17-39  
 X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED AUG 12 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

24504

State File No. \_\_\_\_\_

Registration District No. 5

Primary Registration District No. 5143

Registrar's No. 237

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Gross - James Lumber Mill 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Visit of few minutes  
(Specify whether)  
 In this community 7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler  
 (c) City or town Rural - Route 1 Poplar Bluff  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Poplar Bluff R1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes/No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Thurman Mosier  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 21  
 year 1943 hour 12:45 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Martha Jane (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased June - 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3<sup>rd</sup> 1943 to July 10<sup>th</sup> 1943  
 that I last saw him alive on July 10<sup>th</sup> 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
 Duration ?

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Logging contractor  
 11. Industry or business Lumber

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

16. (a) Informant Vere Mosier  
 (b) Address Poplar Bluff, Missouri  
 17. (a) Burial (b) Date thereof July 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 \_\_\_\_\_

(c) Place: burial or cremation Chapel Hill Cemetery  
 18. (a) Signature of funeral director Greer Croy Funeral Serv.  
 (b) Address Poplar Bluff, Missouri

23. Signature Wallace Selsby (M. D. or other) md  
 Address Campbell, Mo. Date signed 7/30/43

19. (a) 7-31-43 (b) Belle Kirme  
(Date received local registrar) (Registrar's signature)

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

MAR 23 1944

RECEIVED

District Health Office No. 2,

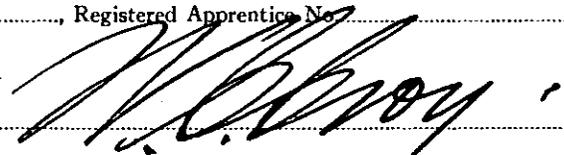
District File Number 843-1004

Date Filed 8-9-48

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..... 

Licensed Embalmer No. 347

P. O. Address..... Poplar Bluff, Missouri

**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.