

FILED AUG 12 1943 212

Registration District No. \_\_\_\_\_

Primary Registration District No. 3044

Registrar's No. 41

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town Eldon  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER 66

(c) City or town Eldon 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillian Pearl Moss

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-14 to 7-14 P.M. 1943  
that I last saw her ER alive on JULY 14 1943  
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Clarence Moss

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1890  
(Month) (Day) (Year)

Immediate cause of death CARDIAC FAILURE

8. AGE: Years 53 Months 3 Days 0

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to PERNICIOUS ET ANEMIA

9. Birthplace RANTOUL ILL.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSEWIFE

Other conditions (include pregnancy within 3 months of death) None

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name DAVID W. RUSK

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

14. Maiden name MAGGIE POOLE

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

Major findings: Of operations None

Of autopsy NO

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Moss

(b) Address Eldon, Missouri

17. (a) BURIAL (b) Date thereof 7-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 7-16-43 (b) W. A. Greenman  
(Date received local registrar) (Registrar's signature)

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 W. A. Greenman (M. D. or other) DO.

Address \_\_\_\_\_ Date signed 7-16-43

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

RECEIVED

Miller County Health Dep't.

County File Number 43-0158

Date Filed 8-5-43

JUL 2 1946

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**