

FILED JAN 6 1944

Registration District No. 376

Primary Registration District No. 6074

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County ST FRANCOIS

(b) City or town LEADWOOD RAILROAD, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 70 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS

(c) City or town FRANK CLAY MO
(If outside city or town limits, write "RURAL")

(d) Street No. 101 (If rural, give location)

(e) Citizen of foreign country? NO (If yes, name country)

3. (a) PRINT FULL NAME DANIEL ALBRIGHT MOSIER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

20. DATE OF DEATH: Month Nov day 29 year 1943 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from out 1939 to Nov 29 1943 that I last saw him alive on Nov 10 1943 and that death occurred on the date and hour stated above

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife JULIA MOSIER

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased APRIL 21 1861
(Month) (Day) (Year)

Immediate cause of death Terminal Bronchial pneumonia Duration 3 days

Due to arteriosclerotic cardiovascular disease

Due to generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

82 7 8 hr. min.

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

10. Usual occupation RETIRED

11. Industry or business _____

12. Name WILLIAM MOSIER

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

14. Maiden name ELIZABETH RISNER

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

Major findings: 93d

Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant JULIA MOSIER

(b) Address FRANK CLAY MO

17. (a) Burial (b) Date thereof Nov 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEADWOOD MO

18. (a) Signature of funeral director J. S. Bowers

(b) Address Leadwood Mo

19. (a) Dec 6 1943 (b) Sydney B. Bowers
(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) no

(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 John W. Bowers Date signed 11/29/43

Address Leadwood Mo

RECEIVED

District Health Officer No. 4
District File Number 144-3120
Date Filed 1-5-44

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 Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.