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

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Fulton**

(c) Name of hospital or institution: **State Ho of ns. 12**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **Mar 8-1-44**
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Lucile Moser**

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

4. **Lena** 5. Color **R** 6. (a) Single, widowed, married, divorced **divorced**

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

7. Birth date of deceased **not given**
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **mo** (City, town, or county) _____ (State or foreign country) **0**

10. Usual occupation **House**

11. Industry or business _____

12. Name **R. I. Moser**

13. Birthplace **not given** (City, town, or county) _____ (State or foreign country) **9**

14. Maiden name **Anna Beery**

15. Birthplace **not given** (City, town, or county) _____ (State or foreign country) **9**

16. (a) Informant **Record** (b) Address _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/19/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Agnes Church Cem**

18. (a) Signature of funeral director **L. J. Wallace**

(b) Address **Fulton, Missouri**

19. (a) **12-18-1943** (Date received local registrar) (b) **Josie Moser** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Callaway**

(c) City or town **Fulton**
(If outside city or town limits, write "RURAL") **2**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18**
year **1943** hour **6** minute **10 a** M.

21. I hereby certify that I attended the deceased from **11-20-1943** to **12-17-1943**
that I last saw ~~him~~ **her** alive on **12-17-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac decompensation**
Due to **Broncho pneumonia**

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations **95C7**

Of autopsy _____

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 **0**

23. Signature **H. E. Sherrill** (M. D. or other) _____
Address **Fulton mo** Date signed **12/18/43**

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 *Leo S. Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton 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.