

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2350

Do not use this space.

FILED FEB 15 1944

1. PLACE OF DEATH

(a) County Camden Registration District No. 50
(b) Township Warren Primary Registration District No. 5180
(c) City Decaturville (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Decaturville Mo. 1st St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fielden Boan
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 - 1871
8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 9 17
9. OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County Missouri
13. NAME John L Mosier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Hesterella Hack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
17. INFORMANT (ADDRESS) Dick Mosier Camden, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Dec 22 1943
19. FUNERAL DIRECTOR (ADDRESS) Banks-Woolery Camden, Mo
20. FILED Feb 3 1944 Esteb Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1943
22. I HEREBY CERTIFY, That I attended deceased, from Nov 10 1943 to Dec 20 1943
I last saw her alive on Dec 19 1943 Death is said to have occurred on the date stated above, at 10 4 m.
The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis & Emphysema Date of onset 43
Other contributory causes of importance: 12/a
Name of operation None Date of None
What test confirmed diagnosis? Phys sign Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. R. Kasper M. D.
(Address) Camden, Mo.

RECEIVED

CHICAGO, ILL. NOV. 1, 1966

Body No. 1-44-176

Dec. No. 2-14-44

STATEMENT BY LICENSED EMBALMER

I, Abbie Banksen Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Abbie Banksen Woolery

Licensed Embalmer No. 2488

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.)