

S. No. 2
OM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1 3479
Registrar's No. 25

FILED JAN 26 1944
Registration District No. 1 1744

Primary Registration District No. 4 305

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Anderson
(c) Name of hospital or institution: Anderson MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 Yrs. (Specify whether in this community 74 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Anderson (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED SUMNER MOSS,
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ANNIE MOSS 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov. 10th. 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William MOSS

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

14. Maiden name HALL

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

16. (a) Informant ANNIE MOSS

(b) Address Anderson MO.

17. (a) Burial (b) Date thereof 1-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson MO.

18. (a) Signature of funeral director Charles Williams

(b) Address Anderson MO.

19. (a) 1-10-44 (b) Virginia Buck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th. year 1943 hour 6 minute 0. A. M.
21. I hereby certify that I attended the deceased from Dec. 2 to Dec. 30 1943 and that death occurred on the date and hour stated above.

that I last saw him alive on Dec 29 1943
Immediate cause of death Upper of Stomach
Due to _____

Duration 6 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. B. Buck (M. D. or other) MD
Address Anderson MO Date signed 1-10-44

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

10
0
0

RECEIVED

District Health Officer No. 6,

Case File Number 144-91

Date Filed JAN 24 1944

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 *Marjallen Prickett*

Licensed Embalmer No. *4166*

P. O. Address *Goodman 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.