

FILED MAR 16 1944

State File No.

Registration District No. 109

Primary Registration District No. 5624

Registrar's No.

52
0
0

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

1. PLACE OF DEATH:

(a) County: KNOX
(b) City or town: RURAL W. SHELTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓
In this community: 3 1/2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Knox 52
(c) City or town: Hazardland Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No.: W. Shelton Trp
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: EYA WYNEMA MOZINGO

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

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: SINGLE

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

7. Birth date of deceased: JUNE 17 1906
(Month) (Day) (Year)

8. AGE: Years: 37 Months: 7 Days: 27 If less than one day: hr. min.

9. Birthplace: KNOX CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: DOMESTIC

11. Industry or business:

12. Name: W M H MOZINGO

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

14. Maiden name: ANNIE A. BRIGHT
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Mamma Mozingo

(b) Address: Hazardland Mo. R.F.D.

17. (a) Burial, cremation, or removal: buried (b) Date thereof: Feb 17 1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Cemetery, Hazlet Mo.

18. (a) Signature of funeral director: Feb 27 1944
(Date received local registrar) (Registrar's signature)

(b) Address: Hazardland Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 14
year: 1944 hour: 9:40 minute: 40 M.

21. I hereby certify that I attended the deceased from Feb. 7 1944 to Feb. 14 1944
that I last saw him alive on Feb. 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis
Duration: 1 day

Due to: Meningitis 6 days

Due to: 35

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 35
Of autopsy: 35

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: 9

3. Signature: C. C. [Signature] (M. D. or other) D.O.
Address: Hazardland Mo. Date signed: 3-5-44

RECEIVED

District Health Office, No. 10

District File Number 3-44-647

Date Filed MAR 14 1944

JUL 18 1944

JUL

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 Geo. Bradley

Licensed Embalmer No. 3955

P. O. Address Hurdley Min.

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.