

FILED APR 8 21 1944

Registration District No. **5757**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County Marion Co
(b) City or town Veely - Rural
(c) Name of hospital or institution: Sharon Inf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Veely Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah S Mosher

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raney Mosher 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased (Month) 6 (Day) 15 (Year) 1887

8. AGE: Years 56 Months 8 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Ernest Biggs
13. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Christiana Reley
15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Raney Mosher
(b) Address Veely Mo

17. (a) Burial (b) Date thereof 2-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove Cem

18. (a) Signature of funeral director W. H. Schlider
(b) Address St James Mo

19. (a) 4-13-44 (b) Erna Bassett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1944 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10 - 1944
Jan 18 to Feb 25, 1944
that I last saw her alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute Stomach

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations H&P

Of autopsy No

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) (e) Means of injury _____

23. Signature D. S. Jones (M. D. or other) D
Address Bellevue Mo Date signed 2/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

63
0
0

63
0
0

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-7-44.....

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 W E Lickler.....

Licensed Embalmer No. 1970.....

P. O. Address St James 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, above space should be left blank.