

FILED JUL 11 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 217

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Broadway and Engineer
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 (Specify whether
 In this community 3
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
 (If outside city or town limits, write "RURAL") 4
 (d) Street No. 1512 E. 5th
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME James Samuel DeMoss
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 17 years 1931 (Month) (Day) (Year)

8. AGE: Years 12 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Ava 0 Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Fred DeMoss 0
 13. Birthplace Morgan County 0 Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Pansy Parsons
 15. Birthplace Ionia 0 Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred DeMoss

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof June 28, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 6-27-44 (b) Mrs Emma Berger
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1944 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 26, 1944, to June 26, 1944,
 that I last saw him alive on June 26, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by truck while crossing street 8 Duration
 Due to
 Due to

Other conditions (Include pregnancy within 3 months of death) 1702-8
 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) accident 132

(b) Date of occurrence June 26 1944

(c) Where did injury occur? Sedalia Pettis mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway

While at work? Automobile (e) Means of injury

23. Signature N. J. Bishop Coroner (M.D. or other)

Address Sedalia mo Date signed 6-26-44

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

664

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-10-44

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Adalia 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.