

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 13 1944

Registration District No. 192

Primary Registration District No. 3021

Registrar's No. 310

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WRIGHT HOSP
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY 40

(c) City or town TRENTON
(If outside city or town limits, write "RURAL") 1

(d) Street No. 811 Halleburton St
(If rural, give location) 2

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Virginia S. Mosier

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1944 hour 11:30 minute P M.

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

6. (b) Name of husband or wife WILLIAM E MOSIER 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 25 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 12, 1944 to Oct. 8, 1944
that I last saw her alive on October 8, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 5 Days 13 If less than one day
- hr. - min.

Immediate cause of death Organic Heart Disease

9. Birthplace Bristol Virginia
(City, town, or county) (State or foreign country)

Due to _____

Due to 95%

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business HOME

12. Name W. J. McKisson

13. Birthplace New Freedom Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name SEVILLA MOODBAKER

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W. E. Mosier

(b) Address Trenton, Mo

17. (a) burial (b) Date thereof 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. G. O. Cem. Trenton

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? _____

18. (e) Signature of funeral director James A. Adams

(b) Address Trenton, Mo

19. (a) Oct. 10-44 (b) D. S. Roberts
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Bertha E. Sheth (M. D. or other) _____

Address Trenton Missouri Date signed Oct. 10 44

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

10
1
2

MAR 27 1959

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.....

working under my personal supervision.

Mrs. [unclear]
Raymond A. Davis

Registered Apprentice No.

Signed

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.