

S. No. 2
M-2-43
5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35156

State File No. _____

FILED NOV 8 1944
Registration District No. 213

Primary Registration District No. 6059

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Collins (rural)
(c) Name of hospital or institution: Collins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 411 of Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Collins (Rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 4
year 1944 hour 12 min 30P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
Fell into a tub of water near the
back porch.

Duration

Due to _____
Due to _____

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

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 James B. ...
Address Osceola Mo Date signed 10/4/44

3. (a) PRINT FULL NAME Stella Josephine Mossman

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

4. Sex Female 5. Color or race White 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 August 14 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 21 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Orville Mossman
13. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Schnetzer
15. Birthplace Lowry City Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Orville Mossman

(b) Address Collins Missouri

17. (a) Burial (b) Date thereof 10-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Mound

18. (a) Signature of funeral director Osceola Funeral Home.

(b) Address Osceola Missouri

19. (a) Oct 6, 1944 (b) Neta Smith
(Date received local registrar) (Registrar's signature)

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

303

1154

RECEIVED

Director Health Officer No. 71

District File Number 10-44-1204

Date Filed 11-6-44

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 J.B. Handrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.