

FILED DEC 11 1944

State File No.

Registration District No.

Primary Registration District No. 5230

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Cass
(b) City or town RURAL "RAYMORE TOWNSHIP"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 mi. S.E. RAYMORE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME HARRY LINCOLN MOSSMAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA MOSSMAN 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JUNE 21 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 6 If less than one day hr. min.

9. Birthplace MERCER Co. PA.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name ALEXANDER H. MOSSMAN
13. Birthplace PA.
(City, town, or county) (State or foreign country)
14. Maiden name MARY ANN CUSTARD
15. Birthplace PA.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.H. Mossman

(b) Address R.F.D. BELTON, MO.

17. (a) BURIAL (b) Date thereof DEC 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST UNION, MO.

18. (a) Signature of funeral director C. H. Beaman, Sonoma
Belton, Mo.

(b) Address Belton, Mo.

19. (a) Dec. 5, 1944 (b) Margaret Volle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS 19
(c) City or town R.F.D. BELTON 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi. S.E. RAYMORE
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27th
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Sept 28
1944 to Nov 27 1944
that I last saw him alive on NOV. 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardosis 1yr
Due to Malignant hypertension?
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93e
Of autopsy 93e

Duration
1yr
?

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 R. M. Westee (M. D. or other) D.O.
Address Belton, Mo. Date signed Dec 1-44

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

De Me Kee

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..... *A. H. George*

Licensed Embalmer No... *3645*

P. O. Address... *Grandview, 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.