

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38426**

FILED DEC 11 1944

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Stella**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Cardwell Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 Yrs.** (Specify whether years, months or days)  
In this community **60 Yrs.** (Specify whether years, months or days)

3. (a) PRINT **SILAS MOSER**  
FULL NAME

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **No.** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Oct. 19th, 1870**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **12** If less than one day hr. min.

9. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **George Moser**  
13. Birthplace **IND**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Copland**  
15. Birthplace **IND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Adah Collings**  
(b) Address **Stella Mo.**

17. (a) **Burial** (b) Date thereof **11-3-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osway Cemetery**

18. (a) Signature of funeral director **Thas. W. Williams**

(b) Address **Goodman Mo**

19. (a) **12-4-1944** (b) **Alpha L. Hale Dyer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Stella Mo R. #. 1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **1st.**  
year **1944** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Oct. 23** 1944 to **Nov. 1** 1944  
that I last saw him alive on **Nov. 1** 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Attack**

Due to **probably due to**  
**hypertension**

Due to **1102**

Other conditions **1102**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **1102**  
Of autopsy **1102**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**  
(b) Date of occurrence **No**  
(c) Where did injury occur? **No**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

(Specify type of place)  
While at work? **No** (e) Means of injury **No**

23. Signature **Thas. W. Williams** (M. D. or other)  
Address **Goodman Mo** Date signed **12/4/44**

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

RECEIVED DEC 7 1944  
District Health Officer No. 1144  
District File Number 240  
Date Filed DEC 7 1944

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 Marcellus William Pickett  
Licensed Embalmer No. 4166  
P. O. Address St. Thomas, 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.