V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 41182

Registrar's No. 961

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29½ hrs. (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 960 W. Locust (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Henry Moss

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased December (Month) 25, (Day) 1861 (Year)

8. AGE: Years 83 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Cowell Oil Co.

FATHER
12. Name John Moss
13. Birthplace UNK. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Barnhart
15. Birthplace UNK. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant daughter, Laura L. Marshall

(b) Address Amarillo, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Flynn F. Dr.

(b) Address Springfield Mo.

19. (a) 12-28-44 (Date received local registrar) (b) Dr W J Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th year 1944 hour 6 minute 05 P M.

21. I hereby certify that I attended the deceased from Jan., 1941, 19, to Dec. 26, 1944, that I last saw him alive on Dec. 26, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion with left bundle branch bloc	51 hr
Due to coronary arteriosclerosis	10 yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

94a.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leslie R. Webb (M. D. ~~or other~~)

Address 700 Medical Arts, Spfld. Mo. Date signed 12/23/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1945

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 Lewis G. Scherpf

Licensed Embalmer No. 380/2

P. O. Address Springfield, 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.