

S. No. 2
1-8-43
5-17-39
P1 X37823

41733

FILED JAN 15 1945
Registration District No. 274

Primary Registration District No. 5834

State File No. _____

Registrar's No. 26

300
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Diamond R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none mandatory
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Diamond R.F.D. 0
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ Yes or No
If yes, name country _____ 0

3. (a) PRINT FULL NAME David Grant Moss

3. (b) If veteran, name war: none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1944 hour 11:00 none A.M.

4. Sex: male

5. Color or white

6. (a) single, widowed, married, divorced: 1

6. (e) Age of husband or wife if Elizabeth Couraw Moss 73 years 4-20-1861

7. Birth date of deceased: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-8-1944 to 12-21-1944
that I last saw him alive on 12-21-1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>3</u>	— hr. — min.

Immediate cause of death: Congestive Heart Failure

Due to: Mitral Lesion of Heart

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

Due to: Senile Bronchitis

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

11. Industry or business _____

12. Name: Milton Moss

13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Jane Hasty

15. Birthplace: unknown
(City, town, or county) (State or foreign country)

Major findings: none

Of operations: _____

Of autopsy: none 92 b

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Claud S. Moss

(b) Address: Diamond, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Diamond Cemetery

18. (a) Signature of funeral director: J. Ashley Bigham

(b) Address: Keosauqua, Mo

19. (a) 12-23-1944 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

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)

Means of injury: _____

23. Signature: G. C. DeBolt (M. D. or other) _____
Diamond, Mo Date signed: 12/22/44

1315

RECEIVED JAN 8 1945

District Health Officer No.

District File Number 1244-266

Date Filed JAN 12 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.....

Licensed Embalmer No.....

P. O. Address.....

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.