

S. No. 2  
M-8-43  
5-17-39  
PI X37823

FILED MAR 16 1945  
Registration District No. 12

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution:  
111 E Ford St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether)

In this community 18 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 111 E Ford St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Bacon Moseley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1945 hour 5:45 minute 17 M.

21. I hereby certify that I attended the deceased from Sept. 1943 to Feb. 15-1945

that I last saw him alive on Feb. 14 and that death occurred on the date and hour stated above.

4. Sex Male (1) 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 Apr 2 1872  
(Month) (Day) (Year)

Immediate cause of death  
Hypostatic pneumonia Duration 3 days

Due to Cerebral apoplexy (attack)

Due to Cardiovascular-renal-hypertensive-heart disease ?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 72 Months 9 Days 24 If less than one day hr. 1 min.

9. Birthplace Bedford Co Va. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Travelling Salesman

Major findings: Of operations \_\_\_\_\_

Of autopsy 12/18

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Bennett Mr. Moseley

13. Birthplace Bedford Co Va. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Trimmer

15. Birthplace Franklin Co Va. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mark Flanders

(b) Address Cameron, Mo

17. (a) Burial (b) Date thereof Feb 17, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph, Mo

18. (c) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 2-17-1945 (b) Mrs Kathleen Harris  
(Date received local registrar) (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? \_\_\_\_\_

(Specify type of place)

While at work? (e) Means of injury 2

23. Signature CC Bloom (M. D. or other) DC

Address Cameron, Mo Date signed 2-17-45

1086

SEP 26 1947

AUG 10 1946

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. 2533

P. O. Address Rathrip 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.