

FILED FEB 8 1946

Primary Registration District No. **5596**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Delato Rural (Valla)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi west of Delato 1 mi up
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 yrs**
years, months or days

3. (a) PRINT FULL NAME **CHARLES OTTO Moss**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: **May 2 1941**
(Month) (Day) (Year)

8. AGE: Years **4** Months **8** Days **19** If less than one day hr. _____ min. _____

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER

12. Name **Irwin Moss**
13. Birthplace **Delato Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Salisbury**
15. Birthplace **Delato Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alto Salisbury**
(b) Address **Delato Mo.**

17. (a) **Burial** (b) Date thereof **Jan 23 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodland Park Delato Mo**

18. (a) Signature of funeral director **Samuel B. Atchell**

(b) Address **Delato Mo.**

19. (a) **2/2/46** (b) **Marie Harrier**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
(c) City or town **Delato Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mi west of Delato**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21**
year **1946** hour **10** minute **10 p. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Buried to death.
Typhoid caused by
exposed to death.
explosion of gas
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **1941**

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) **Accident 50**

(b) Date of occurrence **Jan 21st 1946**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? _____ (Specify type of place) (e) Means of injury **Coroner**

23. Signature **V. B. Edgewood** (M. D. or other) _____

Address **Order 27 Hill** Date signed **1/22/46**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-7-46

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.....

..... *Not embalmed*, 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.