

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3156**

FILED JAN 25 1946
Registration District No. **393**

Primary Registration District No. **5655**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 610 North Kingshighway
(If rural, give location)

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

3. (a) PRINT FULL NAME Wilbert Mozee

3. (b) If veteran, name war No

3. (c) Social Security No. 491-26-1870

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 2 years 1927

7. Birth date of deceased August 2 1927
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>18</u>	<u>4</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Peters Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Melvin Oliver Mozee

13. Birthplace Dardon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Williams

15. Birthplace Dardon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mount Vernon, Mo.

17. (a) Removal (b) Date thereof 12-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O Fallon Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mo. State San. Mount Vernon, Mo

19. (a) 12-28-45 (b) W. H. Philbrick
(Date raised local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1945 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from December 22 1945 to December 22 1945; that I last saw him alive on December 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration over 6 mo.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 134

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? _____

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

23. Signature W. H. Philbrick (M. D. or other) med

Address Mo. State San. Mount Vernon date signed 12-23-45

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

100533

RECEIVED

District Health Officer No. 6;

District File Number 146-76

Date Filed JAN 22 1946

JAN 29 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 George B. Cur.
Licensed Embalmer No. 946
P. O. Address Ma Verion 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.