

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3577
Registrar's No. 7

FILED FEB 11 1946

Registration District No. 270 Primary Registration District No. 3050

1. PLACE OF DEATH:

(a) County Pemscot
 (b) City or town Cantherville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
~~Washington ave.~~ 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 39 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot 78
 (c) City or town Cantherville
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 2
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME William Mosher
 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 married
 6. (b) Name of husband or wife Margaret Mosher
 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased Dec. 3 1865
 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 15
 If less than one day _____ hr. _____ min.

9. Birthplace Mch. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business farmer

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Amos Mosher

(b) Address 903 Larnant ave

17. (a) Burial (b) Date thereof 1-20-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Miami

18. (a) Signature of funeral director F. F. Org. and Co.

(b) Address Cantherville, Mo.

19. (a) 2-2-1946 (b) Bessie B. Hicks
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
 year 1946 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan. 16 - 1946 to Jan. 19 - 1946
 that I last saw him alive on Jan. 18 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 4 days

Due to _____

Due to _____

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

Major findings: Of operations gms

Of autopsy _____

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 J. R. Union (M. D. or other)
 Address Cantherville, Mo. Date signed 1-19-46

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

MOTHER FATHER

1-46-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Noel C. Dean

Licensed Embalmer No.....

3941

P. O. Address.....

Cauthville, 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.