

No. 2
-8-13
-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19323

FILED JUN 3 1946
Registration District No. 370

Primary Registration District No. 6254

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: 1 Cedar Creek Lupa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Near Krawellton 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Edwin A. Moser

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 S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 8 - 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business Farming

12. Name Marcus Moser

13. Birthplace do not know 9
(City, town, or county) (State or foreign country)

14. Maiden name do not know

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Myers

(b) Address Cascade, Mo

17. (a) Burial (b) Date thereof May 11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Krawellton Cem.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 20-46 (b) Mabel Beasley
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 46 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 3 - 1946 to May 10 1946
that I last saw him alive on May 3 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 1 wk.
Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 108

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)

(c) Means of injury _____

23. Signature John F Wagner (M.D. or other) M.D.

Address Greenville Mo Date signed 5-11-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.