

FILED JUL 22 1946

Registration District No. _____

Primary Registration District No. **1000**

Registrar's No. **803**

1. PLACE OF DEATH:

(a) County *Buchanan*
(b) City or town *St. Joseph*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution *Waynes Private Hosp.*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *4 years*
In this community *4 years*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Buchanan*
(c) City or town *St. Joseph*
(If outside city or town limits, write "RURAL")
(d) Street No. *1620 Grand Ave*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES HARVEY MOSS

3. (b) If veteran,

name war *None*

(c) Social Security

No. *None*

4. Sex

Male

5. Color or race

White

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

Widowed

6. (b) Name of husband or wife

Sarah P. Moss

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

Deceased

7. Birth date of deceased

Feb

2

1896

8. AGE:

Years

Months

Days

If less than one day

100 5 16 min.

9. Birthplace

Monroe Co. W. Virginia
(City, town or county) (State or foreign country)

10. Usual occupation

Copper Miner

11. Industry or business

Retired

12. Name

Unknown

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Frank Moss

(b) Address

1629 Grand Ave. St. Joseph

17. (a) Burial

7-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Hallatin mo Hope funeral home

18. (a) Signature of funeral director

Hallatin mo

(b) Address

July 18, 1946

19. (a) (Date received local registrar)

W. J. Kistalick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *18*
year *1946* hour *12* minute *05A* M.

21. I hereby certify that I attended the deceased from *April 15th 1946* to *April 18 1946*
that I last saw him alive on *July 18 1946*
and that death occurred on the date and hour stated above.

Immediate cause of death *myocarditis and endocarditis*

Due to _____

Due to _____

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

Major findings: Of operations *934*

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature *John Hartsock* (M.D. or other) *D.O.*

Address *222 4040 Bldg* Date signed *7-18-46*

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. O. Richesson

Licensed Embalmer No. 3387

P. O. Address Gallatin, Md.

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.