

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **109**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Caruthersville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **17 years** (Specify whether years, months or days)

In this community **17 years**

3. (a) PRINT FULL NAME **Margaret Jane Mosher**

3. (b) If veteran, name war: **1**
3. (c) Social Security No. **1**

4. Sex **Female** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife: **1**
6. (c) Age of husband or wife if alive **19** years (Day) **1862** (Year)

7. Birth date of deceased (Month) **Jan** (Day) **19** (Year) **1862**

8. AGE: Years **84** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **Quel foot Lake Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business: **1**

12. Name **William Sauls**

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

14. Maiden name **unknown**

15. Birthplace **1** (City, town, or county) (State or foreign country)

16. (a) Informant **Lella M C Clemens**

(b) Address **Caruthersville mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-14-1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Little Miami cemetery**

18. (a) Signature of funeral director **L. George Hud. Co.**

(b) Address **Caruthersville mo**

19. (a) **12-3-46** (Date received local registrar) (b) **Theresa B. Nicks** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Caruthersville** (If outside city or town limits, write "RURAL")

(d) Street No. **1** (If rural, give location) **2**

(e) Citizen of foreign country? **1** (Yes or No)

If yes, name country: **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
year **1946** hour **2** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **NOV-13**, 19**46** to **NOV 14**, 19**46**
that I last saw h. **alive on NOV 14** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **2 hours**

Due to **1**

Due to **hypertension**
atherosclerosis **2**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1**

Of autopsy **1**

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) **1**

(b) Date of occurrence **1**

(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? **1**

While at work? (Specify type of place) (e) Means of injury **1**

23. Signature **1** (M. D. or other) **1**
Address **Caruthersville mo** Date signed **11/23/46**

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

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STATEMENT BY LICENSED EMBALMER

not

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 *Nail C. Dean*.....

Licensed Embalmer No. *3941*

P. O. Address *Cauthersville*

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.