

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **389426**
Registrar's No. **23**

Registration District No. **354** Primary Registration District No. **6216**

1. PLACE OF DEATH:
(a) County **Vernon**
(b) City or town **Nevada R.F.D. No. 2 - Walker, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(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 **Vernon**
(c) City or town **Nevada - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. No. 2** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Martin Moss**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** - day **15th**
year **46** - hour **9** minute **9** A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ma Lewis Clarke Moss** alive _____ years
6. (c) Age of husband or wife if _____
7. Birth date of deceased **Nov 28, 1893**
(Month) (Day) (Year)

Immediate cause of death **Accident**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **52** Months **11** Days **17**
If less than one day _____ hr. _____ min.

9. Birthplace **Vernon Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Batie M. Moss**

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

14. Maiden name **Mary Dudley**

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

16. (a) Informant **Mrs. John M. Moss**

(b) Address **Nevada R.F.D. No. 2**

17. (a) **Burial** (b) Date thereof **Nov 18 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nevada Burial Park - On Public Road**
(Specify type of place)

18. (a) Signature of funeral director **Ways Funeral Service**
(b) Address **Nevada Mo.**

19. (a) **Nov 20 - 1946** (b) **Mrs. Ruth E. Gray**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Nov 15th 1946**
(c) Where did injury occur **North East Nevada, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Public Road
While at work? **yes** (c) Means of injury **Accident**
23. Signature **Wash Ceilinger** (M. D. or other) **2**
Address **Nevada, Mo.** Date signed **11-16-46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

329

(Licensed Embalmer's Statement on Reverse Side)

Run off roadway

JAN 14 1946

RECEIVED

District Health Officer No. 7.

District No. 10-46-3005

Date 11-25-46

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 Allen V. Kays

Licensed Embalmer No. 1988

P. O. Address Nevada, 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.