

FILED DEC 31 1946

Registration District No. 0

Primary Registration District No. 2722

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Rocky Fork  
(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 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone MO  
(c) City or town Hallsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN ED MOSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MD 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Osie Moss 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased November 13 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 8 4 hr. AM min.

9. Birthplace Sturgeon MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Dick Moss  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Triplett  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Moss  
(b) Address Hallsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Red Top - Boone - Mo

18. (a) Signature of funeral director Parsons Funeral Bur

(b) Address Columbia Mo

19. (a) 12-23-1946 (Date received local registrar) (b) Mrs. J. E. Shock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - 21 / 46 day, hour 4:00 A. M.

21. I hereby certify that I attended the deceased from 5-12-46, 1946 to 5-17-46, 1946  
that I last saw him alive on 5-17-46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct

Due to Coronary Artery Sclerosis

Due to Hypertension, arteriosclerosis, Chronic Glomerular Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy THIP

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? 2 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. B. Baker (Physician) Address Columbia - Mo Date signed 12-21-46

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

3000

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-30-46

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 Tom M. Harg

Licensed Embalmer No. 4867

P. O. Address Columbia, 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.