

No. 2
5-43
17-39
X36871

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

Registration District No. 157 Primary Registration District No. 3028 -

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether In this community Yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. R#3, Carthage.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY ANGELINE MOSS

3. (b) If veteran, name war _____

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife T.P. Moss

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased January 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	2	27	hr. min.
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9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Burger 9

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

14. Maiden name Mary M. Devault

15. Birthplace Atlantic Ocean
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil G. Moss

(b) Address R#4, Carthage, Mo.

17. (a) Burial (b) Date thereof 4 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address Carthage, Mo.

19. (a) 4-10-47 (b) L. B. Christman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from
Mch 28 1947 to April 9 1947
that I last saw her alive on April 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 12 da

Due to Arterio sclerosis 20 yrs

Due to Myocardial insufficiency

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

Major findings: Of operations 43A

Of autopsy _____

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) _____

(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) _____ (d) Means of injury _____

23. Signature Floyd B. Clinton (M. D. or other) MD
Address Carthage Mo. Date signed 4/10/47

47-3-285

JAN 20 1950

OCT 17 1950

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..... *E. L. Ullmer*
Licensed Embalmer No. *2222*
P. O. Address *Carthage*

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.

Registration District No. 157

Primary Registration District No. 3028

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(b) City or town Carthage
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(c) Name of hospital or institution:
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Maya A. Mess

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

Jan 13 1947

8. AGE: Years Months Days

77

2

2

if less than one day hr. min.

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

mo

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-10-47 (Date received local registrar)

(b) L. B. Center (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

(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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

13820