

3. No. 2
-12-45
5-17-39
I X47070

FILED APR 18 1947
Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County **Vermon**

(b) City or town **Rural-Washington Township**
(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 **life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vermon** ¹⁰⁸

(c) City or town **Rural-Wash. Township**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Margaret E. Moseley**

3. (b) If veteran, name war (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1947** hour **9 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **3-10**, 19**47**, to **3-13**, 19**47**
that I last saw him alive on **3-13**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Female!** 5. Color or race **W.**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 8 1894**
(Month) (Day) (Year)

Immediate cause of death **Uremia, secondary to chr. glomerular nephritis**

Due to _____

Due to _____

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

8. AGE: Years **72** Months **9** Days **6**
If less than one day _____ hr. _____ min.

9. Birthplace **Vermon Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name of father **Joseph D. Morris**

13. Birthplace of father **Orange Co., New York**
(City, town, or county) (State or foreign country)

14. Maiden name of mother **Laura H. Dwork**

15. Birthplace of mother **New Haven Conn.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Warren M. Moseley**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-16-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Antioch Cemetery**

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? _____

18. (a) Signature of funeral director **Elmer J. Doye**

(b) Address **Nevada, Mo.**

19. (a) **4-15-47** (Date received local registrar) (b) **Wathyn Young** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Walter Davis** (M. D. _____)

Address **Nevada, Mo.** Date signed **3-15-47**

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

MOTHER FATHER

