

FILED JUL 23 1947

Registration District No. **3 82**

Primary Registration District No. **56 3037**

Registrar's No. **99**

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
417 So. Hickory 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Lawrence

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

(d) Street No. 417 So. Hickory
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Abraham Lincoln Mosby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 16 day year 1947 hour _____ minute 30 M.

21. I hereby certify that I attended the deceased from April 4 1947 to May 16 1947

that I last saw him alive on May 16 1947 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Rose Lee Mosby

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: Nov 24 1869
(Month) (Day) (Year)

Immediate cause of death: Heart block

Duration 11 mo

8. AGE: Years 77 Months 5 Days 22 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Retired school teacher

11. Industry or business Clerical

12. Name William Taylor Mosby

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

14. Maiden name Nancy Sally

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

16. (a) Informant Rose Lee Mosby

(b) Address MWerna, Mo.

17. (a) Burial (b) Date thereof Nov 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.O.F. Millers, Mo.

18. (a) Signature of funeral director W. W. Smith

(b) Address MWerna, Mo.

19. (a) 5/16/47 (b) Dr. Philbrick
(Date received local registrar) (Registrar's signature)

Other conditions None
(Include pregnancy within months of death)

Major findings: P.A. Halmes

Of operations _____

Of autopsy AS

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) (c) Means of injury

23. Signature P.A. Halmes (M. D. or other) _____

Address MWerna Date signed mgso

RECEIVED

District Health Officer No. 67
Numb. 647-662

JUN 30 1947

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.....

By me

....., Registered Apprentice No.
working under my personal supervision.

Signed *Max J. Fossett*.....

Licensed Embalmer No. *4252*.....

P. O. Address *Jackson, 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.