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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33513

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 123

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. ✓ O
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ADOLPH WOSOBA

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 13 (Day) 1878 (Year)

8. AGE: Years 69 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Mat Knowen
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mat Knowen
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Henry Wosoba
(b) Address El Dorado Spgs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Virgil City

18. (a) Signature of funeral director Mafrie Funeral Home
(b) Address El Dorado Spgs Mo

19. (a) 10-1-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour 2 minute 36 P.M.

21. I hereby certify that I attended the deceased from 27 May, 1947, to 6 Sept, 1947, that I last saw him alive on 6 Sept, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure — Duration 1 hr

Due to Anemia, severe.

Due to Hemophilia

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? O
(Specify type of place)
While at work? (e) Means of injury

23. Signature Roy W. Sharp (M. D. or other) MD
Address Nevada Mo Date signed 10 Oct 47

(Licensed Embalmer's Statement on Reverse Side)

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 George W. Mofus

Licensed Embalmer No. 2652

P. O. Address El Dorado Springs 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.