No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37164

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1368

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community — 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town GALLATIN 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Ronald Eugene Moss
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 11
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 11-11-47 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day 1 hr. 40 min. 0

9. Birthplace Gallatin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation NONE
11. Industry or business None
MOTHER FATHER
12. Name Buford R. Moss 0
13. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Vestal, Dorothy Lorene
15. Birthplace White Church (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Father - Buford R. Moss
(b) Address GALLATIN - Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation GALLATIN Mo
18. (a) Signature of funeral director HOPE FUNERAL HOME
(b) Address GALLATIN Mo
19. (a) 11-17-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1947 hour 5 minute 10 A. M.
21. I hereby certify that I attended the deceased from Nov 11, 1947 to Nov 12, 1947 that I last saw him alive on Nov 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59	
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? (Specify type of place)
While at work? Means of injury 0
23. Signature W. Roger Moore (M. D.)
Address St Joseph Mo Date signed 11/13/47

(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.

Body not embalmed

Signed. John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.