

FILED JAN 21 1948
Registration District No. 122

Primary Registration District No. 4194

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gontry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(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 35 years
years, months or days

3. (a) PRINT FULL NAME Roscoe Conklin De Moss

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 March 12 1883
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation day labor

11. Industry or business _____

MOTHER FATHER { 12. Name Jasper N. De Moss
13. Birthplace Unk. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. Jameson
15. Birthplace Unk. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Family Bible

(b) Address Burial

17. (a) _____ (b) Date thereof 1-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Cemetery

18. (a) Signature of funeral director Albany, Mo.

19. Jan 17-48 (Date received local registrar) (b) Horace H. Tipton (Registrar's signature) 10.5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gontry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1948 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from Jan. 9, 1948, to Jan. 11, 1948
that I last saw him alive on Jan. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: acute dilation of heart
Due to Cardiac Asthma apone
6 yrs.

Due to _____

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

Major findings: 450
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 E. J. Pray (M. D. or O. D.)
Address Albany, Mo. Date signed 1-13-48

WHITE FLANNEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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