FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22925

Registration District No. 132 | Primary Registration District No. 3021 | Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WRIGHT HOSP O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 3½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Grundy
(c) City or town TRENTON (If outside city or town limits, write "RURAL")
(d) Street No. 821 West 13th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES PRESSLY DE MOSS
3. (b) If veteran, name war —
3. (c) Social Security No. 708-14-1431
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EVA A. DE MOSS
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JULY (Month) 18 (Day) 1880 (Year)

8. AGE: Years 67 | Months 11 | Days 25 | If less than one day — hr. — min.

9. Birthplace CARROL COUNTY (City, town, or county) TENN (State or foreign country)
10. Usual occupation Railroad Yard Foreman
11. Industry or business C.R.I.&P. R.R.
FATHER
12. Name JAMES DE MOSS
13. Birthplace UNKNOWN (City, town, or county) TENN (State or foreign country)
MOTHER
14. Maiden name ELVIRA THEADFORD
15. Birthplace UNKNOWN (City, town, or county) TENN (State or foreign country)
16. (a) Informant Eva A. DeMoss
(b) Address 821, West 13th St, Trenton MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, MO.
18. (a) Signature of funeral director Lorne A. Davis
(b) Address Trenton MO
19. (a) 7-13-48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 6:25 minute A M.
21. I hereby certify that I attended the deceased from Jan 1st 1948 to July 13th 1948 that I last saw him alive on July 13th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland — Duration 6 months
Due to Do not Know
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 5 B

PHYSICIAN
Underline the cause of 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? (e) Means of injury
23. Signature Oliver L. Duffy M.D. (M. D. or other)
Address Trenton MO Date signed July 13th 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.