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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27291

Registration District No. 280 Primary Registration District No. 5961 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Farley Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 91 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 83
(c) City or town Farley Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Moss
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry H. Moss
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb. (Month) 12 (Day) 1851 (Year)

8. AGE: Years 91 Months 5 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Farley (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
MOTHER FATHER
12. Name Robert Spence
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Julia Francis
15. Birthplace Don't Know (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs May Ford
(b) Address Farley Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery
18. (a) Signature of funeral director Leland E. Falconi
(b) Address Parkville Mo
19. (a) 7-24-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 48 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 2, 1948, to July 22, 1948 that I last saw h. 22 alive on July 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-renal syndrome	6 mos
Due to: General arteriosclerosis	10 yr
Due to: ✓	
Other conditions: Senility (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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury .....
23. Signature J R Combs (M. D. or other)
Address Leavenworth Ks Date signed 7/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-9-48

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 Leland G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.