

No. 2
-1/47
3-17-39

FILED NOV 6 1948

State File No.

Registration District No. 224

Primary Registration District No. 6093

Registrar's No. 221

1. PLACE OF DEATH:

(a) County. Saline

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

(c) Name of hospital or institution. Saline County Home, Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 Years
(Specify whether years, months or days)

In this community. All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Saline 97

(c) City or town. Marshall Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Saline County Home 0
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME

Charlie DeMoss

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White

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

6. (b) Name of husband or wife. Mary A. DeMoss

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

7. Birth date of deceased. April (Month)

5th (Day), 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>6</u> hr. min.

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

10. Usual occupation. Tinner

11. Industry or business.....

12. Name. John Pool DeMoss

13. Birthplace. Nashville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Elenor Davidson

15. Birthplace. Fayette, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant. Saline County Home Records
(b) Address. Marshall, Mo.

17. (a) Burial (Burdal, cremation, or removal) (b) Date thereon. Oct. 15, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation. Waverly, Mo.

18. (a) Signature of funeral director. Campbell-Paine
(b) Address. Marshall, Mo.

19. (a) Oct 13-1948 (Date received local registrar) (b) William T. Gray (Registrar's signature) 385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1948 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2 1948 that I last saw him alive on Sept 11 and that death occurred on the date Sept 20 stated above.

Immediate cause of death. arteriosclerotic sclerosis 2yr

Due to.....

Due to.....

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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. [Signature] (M. D. or other title) 0

Address. [Address] Date signed. 10/12/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 11-5-48

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 _____

James H. Lewis Jr., Registered Apprentice No. 263
working under my personal supervision.

Signed W. D. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.