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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39661

Registration District No. 74 Primary Registration District No. 3-297 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Jackson Township Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles Southeast Lathrop. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Rural Jackson Township (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles Southeast Lathrop (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME Jefferson Davis Mosby
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Edna Brooks Mosby
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July (Month) 15 (Day) 1912 (Year)
8. AGE: Years 36 Months 5 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace Barry (City, town, or county) Missouri (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name Guy Mosby
13. Birthplace do (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Alice Pratt
15. Birthplace do (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Eldon Mosby
(b) Address Lathrop Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Missouri
18. (a) Signature of funeral director McCown Funeral Home
(b) Address Smithville, Missouri
19. (a) 12-29-48 (Date received local registrar) (b) Eunice Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1948 hour 5 ? minute A M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exposure and freezing	
Due to	
Due to	
Other conditions (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 P. R. Templeman (M. D. or other) Coroner
Address Cameron Mo Date signed 12-26-48

(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.

Signed Owen J Boggess Jr

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.