No. 300
10-48

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13115

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Center
d. STREET ADDRESS (If rural, give location): -------

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ~~MATTHEW~~ Madison
c. (Last): MOSS

4. DATE OF DEATH (Month) (Day) (Year): Apr. 20, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 12, ~~1881~~ 1885
9. AGE (In years last birthday): ~~68~~ 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Quincy, Illinois ~~Mills Creek, Missouri~~
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Moss
13b. MOTHER'S MAIDEN NAME: Ella Harwood
14. NAME OF HUSBAND OR WIFE: Avis Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Avis Moss, Center, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chr nephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949, *to* Apr 20, 1949, *that I last saw the deceased alive on* Apr 20, 1949, *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Md
23b. ADDRESS: 505 Bldg / Hannibal Mo
23c. DATE SIGNED: 4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 4-22-49
REGISTRAR'S SIGNATURE: D. E. M. Lucke By H. C. Fisher 189 Deputy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kathryn A. Schwartz, Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff. 6-2-49 H.C.S. [illegible]

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 Kenneth R. Lahrman, Student Embalmer No. 273 working under my personal supervision.

Student Kenneth R. Lahrman
Student Embalmer

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Marion }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 13115-49
Local Registrar's No. 142

On this 2nd day of May, 1949, before me appears Avis Moss, who, upon her oath, states that the original record of death for Joseph Matthew Moss died April 20, 1949, in the State of Missouri, and which was filed at Hannibal, Mo. on 4-22, 1949, should be corrected as follows:

Item No. 3 should read Joseph Madison Moss
Instead of Joseph Matthew Moss

Item No. 8 should read Feb. 11, 1885
Instead of Feb. 12, 1881

Item No. 9 should read 64
Instead of 68

Item No. 11 should read Quincy, Ill.
Instead of Mills Creek, Missouri

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Avis Moss Wife
Relationship.

Center Mo. R.F. 201
Present Address.

Subscribed and sworn to before me this 2nd day of May, 1949

My Commission expires June 1, 1949

W C Fisher
City Clerk, Hannibal, Mo.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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