

FILED FEB 16 1942

State File No. ....

Registration District No. 3-4-7-358 Primary Registration District No. 5502

Registrar's No. ....

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

43  
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1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Bural-Shanee twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Some 6 of Chilhowee  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 mo  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(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 Robert A Mosley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1/31/1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 25 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Platte Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Wm C Mosley  
13. Birthplace Northtown Mo (City, town, or county) (State or foreign country)  
14. Maiden name Louise Shelton  
15. Birthplace Northtown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Walter Mosley  
(b) Address Chilhowee Mo

17. (a) Burial (b) Date thereof 11 28 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton Mo

19. (a) Dec. 26/41 (b) Georgia Kitchen  
(Date received local Registrar) (Registrar's signature) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1941 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1941 to Oct 15 1941 that I last saw him alive on Oct 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the testicle  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Myocardial degeneration  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations 510  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature H. M. Kendall (M. D. or other)  
Address Clinton Mo Date signed 11/30/41

RECEIVED

District Health Officer No. 7,

District File Number 2-42-50

Date Filed 2-10-42

**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.....

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**