

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

DEPARTMENT OF COMMERCE

MADE AT THE CENSUS  
FRIED NOV 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Deen 34214

State File No.

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
205 S Caldwell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community 3 years  
years, months or days)

3. (a) PRINT FULL NAME JESSE-THOMAS-MOSLEY

3. (b) If veteran, name war  
3. (c) Social Security No. 497-12-3983

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Nellie Pearl Mosley 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Jan 1 - 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation (Retired) Laborer

11. Industry or business

12. Name Bennett Mosley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Cooley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie P Mosley  
(b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery - Brookfield

18. (a) Signature of funeral director Ed Chapel  
(b) Address Brookfield

19. (a) 10-23-1942 (b) H H Oaman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 S Caldwell  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Aug. 31  
1942 to Oct 20 1942  
that I last saw him alive on Oct 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Maternal hypertension  
multifactorial etiology

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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

23. Signature Dr. H Deen (M. D. or other)  
Address Brookfield Mo Date signed 10/23/42

456 (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

*J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address

*Brookfield Ma*

**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.**