

No. 2
5-42
X32873

FILED APR 10 1946

Registration District No. 107

Primary Registration District No. 2023

Registrar's No. 63

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
125 E. Jefferson St 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years years, months or days)

3. (a) PRINT FULL NAME WILL MOSSER.
 3. (b) If veteran, name war no
 3. (c) Social Security No. 442-01-3395

4. Sex M | 5. Color or race W
 6. (a) Single, widowed, married, divorced marry
 6. (b) Name of husband or wife Velma Mosser | 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased: July 25 1884
(Month) (Day) (Year)

8. AGE: Years 61 | Months 7 | Days 12 | If less than one day _____ hr. _____ min.
 9. Birthplace Wheatland mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
 11. Industry or business _____
 12. Name Jacob Mosser
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Christiana Mueller
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Will Mosser
 (b) Address Clinton mo
 17. (a) Burial (Burial, cremation, or removal) | (b) Date thereof 3-8-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles Beck
 (b) Address Clinton mo
 19. (a) 3-7-46 (Date received local registrar) | (b) R. P. Kammig (Registrar's sign (s))

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo | (b) County Henry 42
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. 125 E Jefferson St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 6 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1946, to Mar 6, 1946
 that I last saw h in alive on Mar 6 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Arterial Sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy g. y. u.

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? _____ (a) _____ (b) Means of injury _____
 23. Signature W. S. Hall or other _____
 Address Clinton mo Date signed Mar 7 1946

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

INDIANAPOLIS (Type No. 7)

District No. 346-326

Date Filed 4-9-46

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. E. Conner

Licensed Embalmer No. 1891

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.