S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26751

Registration District No. FILED AUG 23 1947 Primary Registration District No. 3006 Registrar's No. 224

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Granau Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days / In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUELLA STCLAIR MOSS
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Woodson Moss
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased 6 (Month) – 25 (Day) – 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	1	23	hr. min.

9. Birthplace Virden (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation President Emeritus of Christian College
11. Industry or business

MOTHER / FATHER
12. Name Seymor Wilcox
13. Birthplace New York (City, town, or county) (State or foreign country) 1
14. Maiden name Julia McLynn
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Frank StClair
(b) Address Columbia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Carrier Funeral Service
(b) Address Columbia, Mo.
19. (a) 8-21-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
year 1947 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from August 12, 1947, to ..., 19...; that I last saw her alive on August 18, 1947; and that death occurred on the date and hour stated above.

PHYSICIAN

	Duration
Immediate cause of death: Generalized Carcinomatosis	2 years
Due to:	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death) arterio-sclerosis	
Major findings: Of operations 55	
Of autopsy	

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED — Underline the cause (C) 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 5

23. Signature Charles A. Leedy Jr. (M. D. or other) MD
Address Columbia, Mo. Date signed Aug 20, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed AUG 28 1947

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..... Tom McHarg

Licensed Embalmer No..... 4067

P. O. Address..... Columbia, 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.