REC'D MAR 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7310
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township Primary Registration District No. 3026 Registered No. 19
(c) City Chillicothe (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hester J. Moss 200
(a) Residence, No. 349 Jackson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1843

7. AGE: Years 94 Months 2 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

FATHER
13. NAME Luther Lowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Dr. E.H. Moss
(ADDRESS) 313 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 2-18-38 19

19. FUNERAL DIRECTOR Meinenshagen Chapel
(ADDRESS) Chillicothe Mo.

20. FILED Feb 17 1938 Donald M Dawes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Feb. 16, 1938. I last saw her alive on Feb 16, 1938. Death is said to have occurred on the date stated above, at 1 O.A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset 4 yrs ago

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Palpation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) C M Grace M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, H. Warren Simpson, Licensed Embalmer No. 3965

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed H. Warren Simpson

Licensed Embalmer No. 3965

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.)