

FILED MAY 13 1940

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

16263  
Do not use this space.

1. PLACE OF DEATH  
 (a) County SHANNON Registration District No. 800  
 (b) Township ALLEY Primary Registration District No. 6000  
 (c) City \_\_\_\_\_ (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME SAMUEL E DWARD MOSS  
 (a) Residence, No. SHANNON Co. Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY ETHEL MOSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-1887

7. AGE YEARS 52 MONTHS 4 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Lumber  
 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) IRON Co. Mo.

FATHER  
 13. NAME JOSEPH MOSS  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRON Co. Mo.

MOTHER  
 15. MAIDEN NAME MARY ALCORN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRON Co. MO

17. INFORMANT (ADDRESS) Henry Moss Des Arc MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc MO DATE 5-5-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leuckel Funeral Ironton Mo. Service

20. FILED 5-2-1940 Frank Co. Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1940

22. I HEREBY CERTIFY, That I attended deceased from IRON 1940, to MAY 2, 1940.  
 I last saw him alive on Apr 25, 1940. Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Bright's disease  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 191

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Frank Co. Mo, M. D.  
 (Address) \_\_\_\_\_

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

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.

**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 5-4-40

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Philip A. Lenczel  
Licensed Embalmer No. 2936  
P. O. Address Von Bremen 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, above space should be left blank.**