

SEP 23 1940
Registration District No. _____

Primary Registration District No. 5745

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Marion, Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City R.F.D. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 yrs 4 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R.F.D. 4
(Rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lelaris Cordelia Moss

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John T. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 3 If less than one day hr. _____ min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John B. Thomas

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Able

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Cassidy
(b) Address Monroe City Mo.

17. (a) Burial (b) Date thereof Aug 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Rosary Cemetery

18. (a) Signature of funeral director Nelson Bon
(b) Address Monroe City, Mo.
19. (a) Aug 15, 1940 (b) Miss Alta V. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1940 hour 7 minutes P. M.

21. I hereby certify that I attended the deceased from April 7 1940 to Aug 14 1940
that I last saw her alive on Aug 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Apoplexy

Due to chronic arterio-sclerosis & hypertension

Due to stroke

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 W. P. [illegible] (M. D. or other) _____
Address Monroe City Date signed 8/16/40

Duration 1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Leslie L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.