DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32365

Registration District No. 1 OCT 1 1940

Primary Registration District No. 5602

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Knox Shelton Tp.

(b) City or town Hurdland R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox

(c) City or town Hurdland, (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 8 mi. South of Hurdland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME WILLIAM H. MOZINGO.

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

6. (b) Name of husband or wife Minnie Mozingo 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. (Month) 11 (Day) 1871 (Year)

8. AGE: Years 68 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Davis, Co. (City, town, or county) Ia (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

FATHER
12. Name Jas. H. Mozingo
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Nancy Wells
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Miss Eva Mozingo
(b) Address Hurdland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Foster R. Easley
(b) Address Brashear, Mo.

19. (a) Sept 24 1940 (Date received local registrar) (b) Mrs. C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1940 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1940, to Sept 20, 1940; that I last saw him alive on Sept. 20, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death "Flu"	3 days
Due to	
Due to	
Other conditions Hypertension Accident (Include pregnancy within 3 months of death)	
Last Dec. 1939 C. C. Gibson	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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? 395 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C. C. Gibson (M. D. or other) 3
Address Edina, Mo. Date signed 9/21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 40-40-1888
Date Filed OCT 9 1940

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 Foster R. Easley

Licensed Embalmer No. 1146

P. O. Address Bradleyville, Mo

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

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

No. 2B
-2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32365

Registration District No. 1029 Primary Registration District No. 5602 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Knox

(b) ~~City or town~~ Shelton T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm H. Mozingo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	9	9	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flu	
Due to 18 hr	
Due to 18	
Other conditions Hypertension (Include pregnancy within 3 months of death)	✓
accident Last Dec 1939	

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

Major findings:
Of operations
Of autopsy
Contributory

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec. 1939
(c) Where did injury occur? Hurdland (City or town) Knox (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Fell on head and face (Specify type of place)
While at work? No (e) Means of injury

23. Signature C C Gibson (M. D. or other)
Address Edina Mo. Date signed 2/7-41