

Registration District No. **561**

Primary Registration District No. **4330**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **MILLER**
(b) City or town **ELDON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **YEARS** years, months or days)

3. (a) PRINT FULL NAME **ELIZABETH BISON MOSELEY**

3. (b) If veteran, name war **710** 3. (c) Social Security No. **710**

4. Sex **FEMALE** 5. Color of race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

(b) Name of husband or wife **HENRY CLAY MOSELEY** 6. (c) Age of husband or wife if alive **90** years

7. Birth date of deceased. **OCTOBER 14 1857**
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days **29** If less than one day
hr. min.

9. Birthplace **LINCOLN Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **RICHARD SHAPLEY ROSS**

13. Birthplace **Unknown ARK.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY JANE HUTCHERSON**

15. Birthplace **Unknown Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Bertha Howard**

(b) Address **Meda Mo**

17. (a) **BURIAL** (b) Date thereof **3-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BLUE SPRINGS CEM**

18. (a) Signature of funeral director **Keith M. Hays**

(b) Address **Eldon Mo**

19. (a) **3-14-1941** (b) **Belle Haysnes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MILLER**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1941** hour **10** minute **30 P** M.

21. I hereby certify that I attended the deceased from **March 3**
1941 to **Mch 13 1941**

that I last saw her alive on **March 13 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chr. Nephritis**

Due to **Intercostal fracture left femur**

Other conditions **Intercostal fracture left femur**
(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 **3-15-41**

(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?
495 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Eoshelm MD** (M. D. or other) _____
Address **Eldon Mo** Date signed **March 14**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1954
99

TOCOT... WITKE V NERNYATIL BECOL

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.....

Walter P. Hedger

Registered Apprentice No.

263

working under my personal supervision.

Signed

Keith M. Kaye

Licensed Embalmer No.

3998

P. O. Address

Edson 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11390

Registration District No. 361

Primary Registration District No. 4330

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) **PRIME** FULL NAME Elizabeth Bison Moseley
3. (b) If veteran name was _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 13
year 1941 hour _____ minute _____ M.

4. Sex F 5. Color of race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death uremia Duration _____

8. AGE: Years 83 Months 4 Days 29 If less than one day _____ hr. _____ min.

Due to Chr nephritis
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) Fract of left femur

10. Usual occupation _____

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence not known by me

(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? on farm, home

While at work? yes (Specify type of place) _____ (e) Means of injury Butt

23. Signature E. Shelton (M. D. or _____)

Address Eldon Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

1941
S-11390