

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 182

010  
2  
4

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(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 Twenty years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 College Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓ 0

3. (a) PRINT FULL NAME John KINKADE MOSS

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

4. Sex Male White 5. Color of hair White 6. Single, widowed, married, divorced Married  
7. Birth date of deceased 12 - 13 76 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Memulus Moss

12. Name Memulus Moss

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

14. Maiden name Elizabeth Libano

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

16. (a) Informant Ella Moss

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 6-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Barbers

(b) Address Columbia, Mo.

19. (a) 7/18/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 25<sup>th</sup>, year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 15<sup>th</sup> to June 25<sup>th</sup>, 1941 and that I last saw him alive on June 15<sup>th</sup>, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to General Arterio Sclerosis

Due to 938

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Stephen D. Smith (M. D. or other) D

Address Columbia, Mo. Date signed

---

---

**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

*W. S. Phillips*

Licensed Embalmer No.

*3893*

P. O. Address

*Salisbury, 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, fact should be so stated above.**