

No. 2
-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26623

State File No. _____

FILED SEP 17 1941

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6415

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(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 Missouri (b) County Lincoln

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

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

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Philip Carson Mosley

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 16 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Philip Mosley

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

14. Maiden name Mary Elizabeth King

15. Birthplace Lincoln Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mosley

(b) Address Corso, Mo.

17. (a) Removal (b) Date thereof 8/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG - 5 1941 (b) J. L. Fredrick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 1941 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 3, 1941;
that I last saw him alive on Aug 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever.

Due to _____

Due to _____

Other conditions /
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Perforation of intestine

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) _____
_____ (Means of injury) _____

23. Signature Jayme A. Foreman (M. D. or other) MD

Address 3903 Olive Date signed 8-4-41

Duration about 2 wks.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

077

441

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.....

Wilford H. Burns

Licensed Embalmer No. 4202

P. O. Address.....

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.