

Registration District No. 206

Primary Registration District No. 5285

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lawson, Mo.
(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 MO (b) County Clinton

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

(d) Street No. Five miles north of Lawson, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Patton Houston Moss

3. (b) If veteran, name war 1917-1918

3. (c) Social Security No. 702-14-5760

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1941 hour 11 minute P M.

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

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

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased Sept 2 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Guns hot wound into right tempo-parietal region 3 hrs.

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Mo Pac Switchman

11. Industry or business _____

MOTHER FATHER

12. Name Robert B Moss

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

14. Maiden name Margaret C. Patton

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

16. (a) Informant Ruth Moss

(b) Address Lawson, Mo.

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

(c) Place: burial or cremation Lawson Nov 7 1941

18. (a) Signature of funeral director Jerman - Brechard

(b) Address Lawson, Mo.

19. (a) 11-6-41 (b) E. B. Drummond
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Nov 4 - 41

(c) Where did injury occur Lawson Clinton Mo
(City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home on farm

While at work? No (Specify type of work) (e) Manner of injury Reverberation

23. Signature W. B. Holding (M. D.) (Date Nov 5 41)
Address _____

Duration _____

Underline the cause to which death should be charged statistically.

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

DEC 3 0 1941

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..... *Claude Prichard*

Licensed Embalmer No..... *2751*

P. O. Address..... *Excelsior Spring 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.