

No. 2
1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35357
Registrar's No. 57

FILLED NOV 11 1941
Registration District No. 467

Primary Registration District No. 4280

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora City
(c) Name of hospital or institution:
120 West St Louis St
(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 / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 055
(c) City or town Aurora 1
(If outside city or town limits, write "RURAL")
(d) Street No. 120 West St Louis St,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Eula May Mosher
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4
year 1941 hour 4 minute 45 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Mosher 6. (c) Age of husband or wife if
alive 54 years
7. Birth date of deceased April 26 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
October 18 1940 to October 4 1941
that I last saw her alive on October 4 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 5 8 _____ hr. _____ min.

Immediate cause of death
Acute Myocardial Infarction 1 Day
11:30 AM - 10/3/41
Due to Shock - surgical 11:30 AM
from manipulation of 10/3/41
both knees
Due to under spinal anesthesia 10/3/41

9. Birthplace Orongo Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions Chronic Osteoarthritis
(Include pregnancy within 6 months of death)
generalized - 12 years in duration
Major findings:
Of operations Analysis almost complete
Of autopsy None
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Daniel Bigelow
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Yancey
15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Mosher
(b) Address Aurora Mo.
17. (a) Burial (b) Date thereof 10/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____ 598
(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? _____

(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) 11-1-41 (b) P. D. Cowan, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature P. Kenneth T. Kelley M.D. or other 24
Address 16 E. Locust St Date signed 10/4/41
Aurora, Mo

RECEIVED

District Health Officer No. 6,

District File Number 1141-1673

Date Filed NOV 7 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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.