DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1941

Registration District No. 893

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36401

Primary Registration District No. 6195a

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: (Township) Rural

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Wayne

(c) City or town: Coldwater

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

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

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

3. (a) PRINT FULL NAME: Edith Catherine Moser

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Chas Moser

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

7. Birth date of deceased: Feb. (Month) 29 (Day) 1856 (Year)

8. AGE: Years 85 Months 5 Days 20 If less than one day — hr. — min.

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

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: John Adams

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

14. Maiden name: Jane Driver

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

16. (a) Informant: Ben Matthews

(b) Address: Lodi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Cold Water Baptist cemetery

18. (a) Signature of funeral director: Ed Hiebl

(b) Address: Frederickstown Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1941 hour 5 minute 45 P. M.

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

Immediate cause of death: There was no physician attended this woman

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature (M. D. or other):

Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Was not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick Md.

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.

V. S. No. 2B
10M—8-21-41
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STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 893 Primary Registration District No. 6195a Registrar's No.

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

Coldwater Mo.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Rural
(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 Wayne

(c) City or town Coldwater
(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) PRINT FULL NAME Edith C. Moser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or 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 years

7. Birth date of deceased Feb 29 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Nov. 18, 1941 (Date received local registrar) (b) J F Paullus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1941 hour minute M.

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

Immediate cause of death There was no physician attended this woman

Due to Her death was

Due to probably caused by Pneumonia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

109

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 4

23. Signature J F Paullus (M. D. or other) Local Reg
Address Coldwater Mo Date signed

S-36401