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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37677

State File No. \_\_\_\_\_

FILED DEC 6 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 207

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Rural #1 Rochester Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural #1, Cosby, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R. F. D. #1, Cosby, Missouri  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Clara Minnie Moschberger

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, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 9 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 8 27 hr. min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christian Moschberger

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

14. Maiden name Caroline Schneider

15. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Gruschke

(b) Address Cosby, Missouri, R.R. #1

17. (a) Burial (b) Date thereof 11/9/41  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Halter Meischoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Nov. 7, 1941 (b) Mrs. Vernice A. Fite  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1941 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from OCTOBER 30, 1941, to NOV. 6, 1941;  
that I last saw h. or alive on NOV. 6, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death LUBER PNEUMONIA

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 108

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Regis, D.O. (M.D. or other) J

Address J. Cosby Date signed 11/7/41

Duration

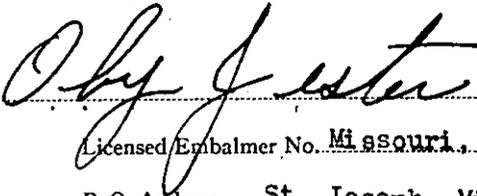
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....   
Licensed Embalmer No. Missouri, #4154  
P. O. Address..... St. Joseph, Missouri.....

**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.**