

No. 2
9-4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37911

Registration District No. 89 Primary Registration District No. 3007 State File No. _____
Registrar's No. 467

1. PLACE OF DEATH:
(a) County BUTLER MO
(b) City or town POPLAR BLUFF 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 54 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER MO
(c) City or town POPLAR BLUFF MO
(If outside city or town limits, write "RURAL")
(d) Street No. So THOMAS MO HAYS STS
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS GRUNDY MOSLEY
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 7
year 1941 hour 11 minute _____ A.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ETTA MOSLEY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 5 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 12-7, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardio-vascular - Renal
Failure

8. AGE: Years Months Days If less than one day
54 - 2 hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation SAW MILL

Major findings: Anemia
Of operations _____

11. Industry or business _____
12. Name JAMES MOSLEY
13. Birthplace IND
(City, town, or county) (State or foreign country)
14. Maiden name ELIZA GOODLETT
15. Birthplace KY
(City, town, or county) (State or foreign country)

Of autopsy None
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? _____

16. (a) Informant Mrs Etta Mosley
(b) Address Genl Poplar Bluff MO
17. (a) Burial (b) Date thereof Dec 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HVAN CEMETERY
18. (a) Signature of funeral director N.P. Phelps
(b) Address Poplar Bluff MO
19. (a) 12-8-41 (b) Blair Turner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. Porter (M. D. or other) _____
Address Poplar Bluff Date signed 12-8-41

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

24 13 1942

HEALTH AND SOCIAL STATE DEPARTMENT
DISTRICT OF COLUMBIA

1 Porter
RECEIVED
District Health Office No. 2,
District File Number ~~1577~~ 1244
Date Filed 12-16-41

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 *M. S. Phelps*
.....
Licensed Embalmer No. *3231*
P. O. Address *Paplan Bluff, 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.