

FILED FEB 28 1942
Registration District No. _____

Primary Registration District No. 0203

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural Logan #2
(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 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frankie Beatrice Mosher

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 June, 20, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		7	5	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Elmer Mosher

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

14. Maiden name Hazel Crawford

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

16. (a) Informant Elmer Mosher

(b) Address Springfield, Mo. R#5

17. (a) burial (b) Date thereof Jan. 26, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director J. W. Majles
Clever, Mo.

(b) Address _____

19. (a) Jan. 28, 1942 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

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

(d) Street No. Springfield, Route #5
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1942 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from Jan. 23 to Jan. 25, 1942, that I last saw him alive on Jan. 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Double
labor pneumonia

Due to _____

Due to _____

Other conditions 108
(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 0

23. Signature W. A. Mason (M. D. or other) _____
Address Rich. Mo. Date signed 1/27/42

39
6
0

Duration

4 or 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 142-150

Date Filed JAN 30 1942

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

J.W. Maples

Licensed Embalmer No.

2985-

P. O. Address

Clemer 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.