FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18348

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 475

(b) Township Springriver — Primary Registration District No. 5639 — Registered No. 57 55

(c) City Verona — (d) Street No. Verona Hospital In hosp, 1 day St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Konrad Moskop

(a) Residence, No. R.F.D. # 1 Verona Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1872

7. AGE: Years 70 | Months 1 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 30 1942

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Ill.

FATHER

13. NAME Konrad Moskop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany

MOTHER

15. MAIDEN NAME Eva Mosbacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany

17. INFORMANT John P Moskop
(ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Verona Mo. DATE May 4 1942

19. FUNERAL DIRECTOR (NAME) J. H. King
(ADDRESS) Aurora Mo.

20. FILED 5-2 1942 Eunice Greene by A.M. D.W. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1942 to May 1, 1942

I last saw him alive on May 1, 1942. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractures of the 4th & 5th Cervical Vertebra with compression of the spinal cord. R.P.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-30, 1942

Where did injury occur? Verona, Lawrence Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
public place.

Manner of injury Buggy Overturned.

Nature of injury Fractured Vertebra

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify. Farmer

(Signed) F. Avery Walton M.D.

(Address) Verona, Missouri

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

RECEIVED
District Health Officer No. 6,
District File Number 642-847
Date Filed JUN 12 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 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, above space should be left blank.