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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33178

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 221

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Walnut Rear 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community about 68 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10 2 4
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 510 Walnut Rear (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS MOSELY
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male
5. Color or race 2 Negro
6. (a) Single, widowed, married, divorced 1 married
6. (b) Name of husband or wife Leona Mosely
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased about 1874 (Month) (Day) (Year)
8. AGE: Years about 68 Months — Days — If less than one day ..... hr. ..... min.
9. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Boone Mosely
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Louella Mosely
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) Oct 12 1942 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 42 hour 3 minute M.
21. I hereby certify that I attended the deceased from ~~10/2/42~~ 10/2/42, 19 to 10/3/42, 19 that I last saw him alive on 10/2/42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insuff

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92b

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 H R Boffman (M. D. or other) MD
Address 500 Park Date signed 10/12/42

1250

(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~~ not .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed: Lucas D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.