V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

26
5
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36950

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 262

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26 5 4
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1306-W-High
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lizena May Mosley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb. (Month) 24 (Day) 1889 (Year)

8. AGE: 53 Years | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Osage County (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER
12. Name Lafe Bellar
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Melissa Rice
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant William Mosley
(b) Address 1306-W-High
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.
18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson
19. (a) 11-25-42 (Date received local registrar) (b) Jas A. Hill MD Deputy (Registrar's signature)
894

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 24/42
year 1942 hour 2 minute P M
21. I hereby certify that I attended the deceased from Nov 1st 1942 to Nov 24 1942
that I last saw her alive on November 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Shock. Duration
Due to Gastric Resection
Due to Billroth No 1
Other conditions Gastric ulcer Perforated
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 117a

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 J G Bruce (M. D. or other) MD
Address Jefferson City Mo Date signed 11/25/42

Licensed Embalmer's Statement on Reverse Side

DEC 8 - 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 [signature]

Licensed Embalmer No. 3641

P. O. Address Yoma

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.