

JUL 7 1943

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra, Mo.
(c) Name of hospital or institution: 404 South Bradley /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 404 South Bradley
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Edward Moss

3. (b) If veteran, No name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Fannie Davenport 6. (c) Age of husband or wife if alive 17 years 1851

7. Birth date of deceased May 17 1851 (Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer, retired

11. Industry or business No record

12. Name No record

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Velta Larson

(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 6/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Palmyra, Mo.

18. (a) Signature of funeral director Mrs. Margaret Mackey

(b) Address Palmyra, Mo.

19. (a) 6/28/43 (Date received local registrar) (b) Mrs. Margaret Mackey Deputy Registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from June 26, 1943, to June 27, 1943; that I last saw him alive on June 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arterial Sclerosis

Other conditions: (Include pregnancy within 3 months of death) J20

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) (Means of injury)
Signature: T. A. Preece M.D. or other
Address: Palmyra, Mo. Date signed: 6/29/43

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

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.....

Leob B. Lewis

Licensed Embalmer No.....

2354

P. O. Address.....

Columbus, 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.