

S. No. 2
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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 17 1944

Registration District No. _____

Primary Registration District No. 3014

Registrar's No. 91

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

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Liberty
 (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 4 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay
 (c) City or town Liberty
 (d) Street No. 504 Harrison
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WARDIE V Mosby
 3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 10 year 1943 hour 3 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Feb. 1940 to _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife George A. Mosby 6. (c) Age of husband or wife if alive 5 years
 7. Birth date of deceased Nov. 5 - 1865
 (Month) (Day) (Year)

that I last saw her alive on Dec 9, 1943 and that death occurred on the date and hour stated above.
 Immediate cause of death General atherosclerosis
 Duration _____

8. AGE: Years 78 Months 1 Days 5 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Platte Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Home wife

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name E. R. George
 13. Birthplace Culpeper Co. Va.
 14. Maiden name Virginia Duncan
 15. Birthplace Culpeper Co. Va.

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) accident - trip staircase
 (b) Date of occurrence Feb 1943
 (c) Where did injury occur? Her home, Liberty Mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home, missed a step on stairs
 (e) Means of injury _____

16. (a) Informant Miss Virginia Mosby
 (b) Address 504 Harrison Liberty Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Liberty, Mo
 18. (a) Signature of funeral director Clum - Archer Co
 (b) Address Liberty, Mo
 19. (a) Dec 11 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

23. Signature Wm H. Goodson (M.B. Order)
 Address Liberty Mo Date signed 12/11/43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 1-18-43

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty 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.