

FILED APR 20 1944

State File No. \_\_\_\_\_

Registration District No. 240

Primary Registration District No. 5826

Registrar's No. 112

1. PLACE OF DEATH:  
(a) County NEW MADRID  
(b) City or town La Font Imp - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
In this community About 7 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELSIE Mosby  
(b) If veteran, name war No  
(c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife J. W. Mosby 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased April - 21 - 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nathaniel Sakraner  
13. Birthplace Perry County Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Therese Lupe  
15. Birthplace Perry County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Mosby  
(b) Address Marston, Mo.

17. (a) Removal (b) Date thereof April 4 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Eigh Center

18. (a) Signature of funeral director Hubbard and Co

(b) Address New Madrid, Mo.

19. (a) 4-4-44 (b) Mrs. J. L. Farret  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town 1 mile w of newton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1944 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death No medical attendant by all record death was due to acute myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Leo Sidgwith Deputy Coroner  
(M. D. or other)  
Address New Madrid, Mo. Date signed 4/1-44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

930

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

RECEIVED

District Health Office No.

District File Number 444-6

Date Filed 1-12-43

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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 Leo Hedgcock

Licensed Embalmer No. 3883

P. O. Address New Mexico

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.