

FILED MAY 11 1944

State File No. _____

Registration District No. 25-1

Primary Registration District No. 1853

Registrar's No. 57

1. PLACE OF DEATH:

(a) County... Nodaway
(b) City or town... Maryville (Rural) Polk Town
(If outside city or town limits, write "RURAL" and name of township)
(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... 55 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Nodaway
(c) City or town... Maryville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No... 7 1/2 miles S.E.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country... _____

3. (a) PRINT FULL NAME George Washington Mozingo

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

4. Sex... male 5. Color or race... White 6. (a) Single, widowed, married, divorced, widowed... 2 divorced, widowed

6. (b) Name of husband or wife... Anna Mozingo 6. (c) Age of husband or wife if alive... 63 years

7. Birth date of deceased... September 12, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 18 hr. _____ min.

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

10. Usual occupation... farmer

11. Industry or business... _____

12. Name... Samuel Mozingo

13. Birthplace... Nodaway County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name... Maria Mozingo

15. Birthplace... Nodaway County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Anna Mozingo
(b) Address... Maryville Mo.

17. (a) burial (b) Date thereof... 4-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Miriam Cemetery

18. (a) Signature of funeral director... Lucy Turner Home
(b) Address... Maryville Mo.

19. (a) April 1-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 30
year... 1944 hour... 12 minute... 25 P.M.

21. I hereby certify that I attended the deceased from... May 20th 1943 to Mar 30th 1944
that I last saw him alive on... Mar 29th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death... Congestive heart failure b.m.o
Duration _____

Due to... Chronic myocarditis 2 yrs
hypertension 3 yrs
Diagnosis... Valvular disease of heart
Known _____

Other conditions... _____
(Include pregnancy within 3 months of death)

Major findings: Of operations... none 932
Of autopsy... none
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature... L. E. Dean (M. D. or other) _____
Address... Maryville Mo Date signed... 3-31-44

WHILE FATHER USE ON-ORDERING DEPARTMENT 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.....

Clem M. Price

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville, N.*

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.