

FILED, OCT 24 1948

Registration District No. 1

Primary Registration District No. 3003

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Barry County
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincents Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME William H. Moss

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Josie E. Moss 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. 8 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 21 Days 9 If less than one day
hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Wess Moss
13. Birthplace Pierce City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Miller
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Josie E. Moss
(b) Address Pierce City Mo

17. (a) Burial (b) Date thereof 10-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. M. West

(b) Address Pierce City Mo.

19. (a) 10-2-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Pierce City Rural 10
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th
year 1946 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept. 27th
to Sept 29 1946;
that I last saw him alive on Sept 29 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Low I obstruction Duration 7 day

Due to Probable ruptured appendix

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121
Of autopsy

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) (c) Manner of injury

23. Signature Frank R. ... M. D. or other
Address Monett Mo. Date signed 9/10/46

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

RECEIVED

District Health Officer No. 6

District File Number: 1046-1067

Date Filed: OCT 23 1948

AUG 6 1947

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *J. C. Henney*

Licensed Embalmer No. *3822*

P. O. Address *Paris City 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.