

FILED NOV 25 1946
Registration District No. 277

Primary Registration District No. 6025

Registrar's No. 24

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

36836

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural, Black River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles west of Black
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles west of Black
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Monroe Moses

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Francis Rachael Moses

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 2 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation farmer (retired)

11. Industry or business _____

12. Name Jacob Moses

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Moses

(b) Address Black Missouri

17. (a) burial (b) Date thereof 10-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) 11/18/46 (b) E. M. [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1946 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 2, 1946 to Oct. 24, 1946
that I last saw him alive on Oct. 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma

Due to _____

Due to _____

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

Major findings:
Of operations 61

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? 1

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

23. Signature E. M. [Signature] (M. D. or other) MD
Address Center [Signature] Date signed 11/1/46

RECEIVED

District Health Officer No. 5.

District File Number. 1146641

Date Filed 11-21-46

AUG 19 1946

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 Archie White

Licensed Embalmer No. 3012

P. O. Address Traylor Ave

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.