No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16956

Primary Registration District No. 3017

Registrar's No. 84

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)
In this community All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Blackwater,
(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 ----

3. (a) PRINT FULL NAME Mrs. Maud Frances Moseley

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jack Moseley

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

7. Birth date of deceased November (Month) 22nd (Day) 1864 (Year)

8. AGE: Years 82 Months 6 Days 1 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name ??? Folks
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Simms,
(b) Address Blackwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25th 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Old Lamine Cemetery

18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.

19. (a) 5-27-47 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1947 hour 1 minute 05 p M.

21. I hereby certify that I attended the deceased from April 30, 1947, to May 23, 1947; that I last saw him alive on May 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure and shock — Duration 24 weeks

Due to arteriosclerotic heart disease and coronary thrombosis

Due to

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

Major findings:
Of operations —
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Ziegler (M. D. or other) MD
Address Boonville Mo. Date signed 5-26-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 65-47

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 J. H. Goodwin

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.