

No. 1245
-1739
X47070

FILED AUG 5 1947 375

Primary Registration District No. 6294

Registrar's No.

Registration District No.

1. PLACE OF DEATH:

(a) County Wright Rural

(b) City or town MANES, Montgomery Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 yrs. (Specify whether years, months or days)

In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town MANES, Montgomery Twp.
(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 HANNAH M Mosley

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour _____ minute _____ M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband JAMES Mosley 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 2, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 30, 1947 to July 21, 1947 that I last saw her alive on July 21, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 2 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis Duration 2 days

Due to Chronic nephritis years

Due to _____

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

10. Usual occupation Housewife

Other conditions Myocard stenosis years
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Washington Durreis

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

14. Maiden name unknown

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

Major findings: Of operations _____

Of autopsy a2 b

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jack Mosley

(b) Address Mtn. Grove, Mo.

17. (a) Burial (b) Date thereof July 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mosley Cemetery

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) 8-14-47 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury _____

23. Signature H. H. Orthwein (M. D. or other) D

Address Hartsville Mo. Date signed 7-22-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT 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. 453

working under my personal supervision.

J. L. Clary

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. Aug
Registrar's No. 36Registration District No. 075Primary Registration District No. 6284

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Osawatomie
(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 _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT
FULL NAME Hannah M. Masley3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced wid6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years 82 Months _____ Days _____ If less than one day
hr. _____ min. _____9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug. 14, 1947 (b) S. B. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(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?
_____While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

200019