

FILED NOV 8 1948 42

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

32079

Primary Registration District No. 1000

Registrar's No. 1176

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 S. 17th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
(Specify whether
In this community Lifetime
years, months or days)

3: (a) PRINT FULL NAME Arthur William F. Moross

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 491-10-5962

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 18 1899
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 13 If less than one day
hr. _____ min.

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

10. Usual occupation Retired Civil Engineer

11. Industry or business _____

12. Name William Moross
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hulda Myers
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Swafford
(b) Address 919 S. 17th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Prieschuff
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-5-48 (b) W. B. Jenkins
(Date received local registrar) (Registrar's signature) 2 X 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 919 S. 17th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from never saw
physician but Dr. S. H. Law treated pt prior to
that I last saw him alive on here 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease - Cardiac Failure. Duration _____

Due to Arteriosclerosis

Due to Hypertension

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 W. B. Jenkins (M. D. or other) _____
Address St. Joseph, Mo. signed 11-1-48

NOV 12 1948

NOV 13 1948

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 Albert C. Harrington

Licensed Embalmer No. 5258 Missouri

P. O. Address St. Joseph, 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.