

No. 2-45
7-39
X47070

FILED NOV 1 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1116

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:
Ambulance Enroute to Missouri Methodist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not 3 (Specify whether
In this community Lifetime
years, months or days)

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. 1024 Logan Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ella Lenora Moser

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Sylvester Moser
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 2 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 16 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Loren B. Peabody
13. Birthplace Bellaft Maine
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Myer
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Record given by self on

(b) Address prearranged Service.

17. (a) Burial (Burial, cremation, or removal) Date thereof Oct. 23, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

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

19. (a) 10-25-48 (Date received local registrar) (b) G. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 7 1940 to Oct 18 1948
that I last saw her alive on Oct 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis, general
Arteriosclerotic heart disease

Duration

Due to _____
Due to Coronary thrombosis 10-14-48
10-18-48

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93D

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 S. P. Jensen M.D. (M. D. or other) _____
Address St. Joseph, Mo. Date signed 10-20-48

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

FEB 13 1950

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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. 3258 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.