

FILED MAY 10 1945

State File No. \_\_\_\_\_

Registration District No. 22

Primary Registration District No. 2093

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Selma  
(b) City or town Marshall  
(c) Name of hospital or institution: Mo State School  
(d) Length of stay: In hospital or institution same Nov. 4, 1907  
In this community Marshall, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry  
(c) City or town Purdy  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME

Reed Mosby

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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: July 17 1899  
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Patient at Mo. State School

11. Industry or business \_\_\_\_\_

12. Name no record  
13. Birthplace no record  
14. Maiden name Minna Mosby  
15. Birthplace no record

16. (a) Informant Records Mo. State School  
(b) Address Marshall, Mo.

17. (a) Buried (b) Date thereof 4/3/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy, Mo.

18. (a) Signature of funeral director H. Blankenship  
(b) Address Purdy Mo.

19. (a) 4-3-1945 (b) Mo State School  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1945 hour \_\_\_\_\_ minute 1 P. M.

21. I hereby certify that I attended the deceased from March 10-45 19\_\_\_\_ to April 1-45 19\_\_\_\_; that I last saw him alive on March 31-45 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Imbecile

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 138  
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 L. S. James M.D. (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 4-1-45

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed

5/9/45

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. Leslie Murray*

Licensed Embalmer No. 3235

P. O. Address

74 Marshall, Tenn.

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.