

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

29462

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all His Life (Specify whether  
In this community all His Life years, months or days)

3. (a) PRINT FULL NAME William R. Moss

8. (b) If veteran,  
name war no

3. (c) Social Security  
No. none

4. Sex Male  
Black race Black

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

6. (b) Name of husband or wife  
Victoria Moss

6. (c) Age of husband or wife if  
alive 1866 years

7. Birth date of deceased Dec. 13 th.  
(Month) (Day) (Year)

8. AGE:

Years  
73

Months  
7

Days  
29

If less than one day

hr. min.

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

10. Usual occupation

Laborer

11. Industry or business

12. Name Philipp Moss

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

14. Maiden name not known  
(City, town, or county) (State or foreign country)

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phil Moss

(b) Address Richmond Mo.

17. (a) Richmond Cem. (b) Date thereof June 14 th.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Cemetery

18. (a) Signature of funeral director J. B. Brothman

(b) Address Richmond Mo.

19. (a) Aug 14-40 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-5-40  
19, to 8-12-40, 19;  
that I last saw him alive on 6-10-40, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis

Duration

6 mo.

Due to Arthritis

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?  
In the home  
While at work? no (Specify type of place) (e) Means of injury

23. Signature J. J. Coory (M. D. or other)

Address Richmond, Mo.

Date signed 8-13-40

RECEIVED

Health Officer No. 8

04-11-40

### 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.....

Licensed Embalmer No. 2001

P. O. Address. Richmond, Va.

**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, above space should be left blank.**