

FILED APR 17 1942

State File No. _____

Registration District No. 318, 324

Primary Registration District No. 5449

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural Robberson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Robberson Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Henry Moad

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Rosetta Moad 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 9 hr. min.

9. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lettie Moad
(b) Address Route # 5 Springfield, Mo.

17. (a) Burial (b) Date thereof March 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazlewood Cem.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-31-42 (b) Mrs. Herman White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 31st day March
year 1942 hour 12:30 minute 9 A. M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him in death on March 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death heart failure accompanied possibly by cold and pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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? _____

(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature Gas. B. Benson Acting Coroner (M.D. or other)
Address 11623 1/2 No. Robberson Date signed 3/31/42
Springfield, Missouri

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

RECEIVED

Greene County Health Office,

County File Number 42-4-43

Date Filed 4/15/43

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.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10810

Registration District No. 324

Primary Registration District No. 5449

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Rotherham town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.#5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 year
years, months or days

3. (a) PRINT FULL NAME

Henry Moad

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

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 22 1892
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days _____ If less than one day _____ yr. min.

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

10. Usual occupation _____

11. Industry of business Unknown

12. Name Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Lettie Moad

(b) Address R.#5 Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hagleywood

18. (a) Signature of funeral director W.H. Schmeyer

(b) Address Springfield

19. (a) 3-31-42 (Date received local registrar) (b) Mrs. Herman White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rotherham Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1942 hour 2:30 minute _____ a. M.

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

that I last saw him/her alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cold & Pneumonia

Due to heart failure accompanied

possibly by cold and

Due to Pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Jas. B. Benson Acting Coroner (M. D. or other)

Address 1622 1/2 N. Rotherham Date signed 3/31/42
Springfield - Mo.

TEMPORARILY SUPPLEMENTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S-10810

1942