

MAILED JUL 10 1948

Registration District No. 228

Primary Registration District No. 4342

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Jonesburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Jonesburg 70
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Augusta Mobley

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John H. Mobley 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased April 23, 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business James W. McFaden

MOTHER FATHER

12. Name James W. McFaden
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Harriette Be Von
15. Birthplace Warren Co, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martin Dothage

(b) Address Jonesburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jurnieburg Co

(b) Address Warrenton, Mo.

19. (a) May 27-43 (Date received local registrar) (b) Lillie Jeffries (Registrar's signature) (dept.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from June 21
1942 to May 26 1943

that I last saw her alive on May 23 1943

and that death occurred on the date and hour stated above,
Immediate cause of death Myocardial Failure Duration

Due to

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?

While at work? (Specify type of place) Means of injury

23. Signature Dr. J. E. Anderson M. D. or other OB
Address Jonesburg, Mo. Date signed May 26, 43

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

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,
 , Registered Apprentice No.
working under my personal supervision.

Signed John F. Lieburg
Licensed Embalmer No. 3897
P. O. Address: Warrenton, 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.