

**FILED** MAY 29 1946 **STANDARD CERTIFICATE OF DEATH**

16382

State File No. ....

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 394

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town RURAL, SOUTH CAMPBELL TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Medical Center for Federal Prisoners 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 mos, 14 days  
(Specify whether  
In this community 3 mos, 14 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Mexico (b) County Socorro  
(c) City or town Socorro  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Jose Antonio MOYA #5498-H

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

4. Sex male 5. Color or race Mexican 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife LNK 6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased ? (Month) (Day) (Year) 1892

8. AGE: Years 54 Months LNK Days LNK If less than one day hr. min.

9. Birthplace Socorro (City, town, or county) New Mexico (State or foreign country)

10. Usual occupation Porter & Dishwasher

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Florence Moya  
13. Birthplace Socorro (City, town, or county) New Mexico (State or foreign country)  
14. Maiden name Lenora Moya (?)  
15. Birthplace Socorro (City, town, or county) New Mexico (State or foreign country)

16. (a) Informant File  
(b) Address MCEP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery.

18. (a) Signature of funeral director Fred Ot Thieme  
(b) Address 1100 Boonville, St. SPED.

19. (a) 5-9-46 (Data received local registrar) (b) W. H. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1946 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from January 23, 1946 to May 7, 1946; that I last saw him alive on May 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death:  
Tuberculosis, pulmonary, bilateral, with cavitation. Approx. 1 year Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 135  
Major findings: Of operations.....  
Of autopsy Tuberculosis- lungs, spleen and peritoneum.

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 Ed M... (M.D. or R.N.)  
Address Medical Center for Fed. Pris. Date signed 5/8/46

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

15269

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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..... *Ralph H Thiem* .....

Licensed Embalmer No..... **3681** .....

P. O. Address..... **Springfield, 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.**

X