S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22691

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 185

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 507 N 5th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Columbia Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 507 N. 5th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Shanon Moberly

3. (b) If veteran, name war ____

3. (c) Social Security No. 702.05.3390

4. Sex Male

5. Color or race Colored

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ 1

6. (b) Name of husband or wife Susie Moberly

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

7. Birth date of deceased Aug. (Month) 8, (Day) 1881 (Year)

8. AGE: Years 64 Months 10 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation Laborer

11. Industry or business ____

FATHER
12. Name James Moberly
13. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Alice Moberly
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Susie Moberly
(b) Address 507 N. 5 St. Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director A. C. Freeman
(b) Address 608 Park Ave. Columbia Mo

19. (a) 8-3-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour ____ minute 6:30 a.m.

21. I hereby certify that I attended the deceased from July 28, 1946 to 7-31, 1946 that I last saw him alive on July 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation Heart

Due to General Arteriosclerosis Serose of liver

Due to ____

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

Major findings:
Of operations 97

Of autopsy Confirmed the above report

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? No (e) Means of injury ____

23. Signature Stephen D Smith (M.D. or other) MD

Address Columbia Date signed 7/31/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-154
Date Filed 8-12-46

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

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave Columbia

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.