

No. 2  
 M-5-43  
 7-5-17-39  
 P I X38571

FILED JUL 11 1947  
 128

Registration District No. \_\_\_\_\_ Primary Registration District No. **2000**

1. PLACE OF DEATH:  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1121 E. Pine Street**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **4 Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **BUNNIE SUE MOAD**  
 3. (b) If veteran, name war **none**  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** / 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **February 9, 1946**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>1</b>	<b>4</b>	<b>16</b>	_____ hr. _____ min.

9. Birthplace **Niangua, MISSOURI**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **Robert Moad**  
 13. Birthplace **Dallas County, MISSOURI**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Clays Burks**  
 15. Birthplace **Miller County, MISSOURI**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Moad**  
 (b) Address **R.F.D. #2, Niangua, MISSOURI**

17. (a) **burial** (b) Date thereof **June 26, 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **Fred C. Thieme**  
 (b) Address **Springfield, MISSOURI**

19. (a) **6-26-47** (b) **W E Handley MD**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MISSOURI** (b) County **Webster**  
 (c) City or town **Rural - Niangua**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R.F.D. # 2, Niangua**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25th**  
 year **1947** hour **8:40 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **6-22**, 19**47** to **6-25**, 19**47**  
 that I last saw him alive on **6-25**, 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculous meningitis**  
 Duration **3 wks**

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature **Carl Busch** (M. D. or other) \_\_\_\_\_  
 Address **Springfield, Mo.** Date signed **6-25-47**

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

9  
2  
6

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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. Thorne*.....  
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.**