

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution ST. JAMES HOSPITAL
(d) Length of stay: In hospital or institution 3 DAYS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH
(c) City or town MOBERLY
(d) Street No. 1314 HENRY ST.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ernie Ezra Moberly
3. (b) If veteran, name war No
3. (c) Social Security No. unknown

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CARRIE MOBERLY
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased APRIL 11 1883

8. AGE: Years 64 Months 7 Days 26 hr. min.

9. Birthplace HOWARD CO. MISSOURI

10. Usual occupation BROWN SHOE CO.

11. Industry or business
12. Name BEN MOBERLY
13. Birthplace HOWARD CO MISSOURI
14. Maiden name MARY THOMAS
15. Birthplace HOWARD CO MISSOURI

16. (a) Informant Mrs. Carrie Moberly
(b) Address 1314 Henry St Moberly MO

17. (a) Removal (b) Date thereof 12-6-47
(c) Place: burial or cremation Moberly MO

18. (a) Signature of funeral director J. H. Newcome Sr.
(b) Address 1401 Brookview Ave St. Louis MO

19. (a) 12-6-47 (b) Geraldine Holmes Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 5 year 47 hour 910 minute P.M.

21. I hereby certify that I attended the deceased from 2, 1947 to 12-5-1947
that I last saw him alive on 12-5-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative shock
Due to transurethral resection

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 137-b
Of autopsy Post operative shock

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul Preston (M. D. or other) T.D.
Address St. Lukes Hospital Date signed 12-5-47

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

MOTHER FATHER

OCT 19 1958

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 Jess T. Dews
Licensed Embalmer No. 445-3

P. O. Address Tanner City

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.