S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30093

FILED OCT 8 1948

Registration District No. 139 — Primary Registration District No. 3028 — Registrar's No. 216

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

New 79 - 3

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: McCune Brooks Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5½ Hours (Specify whether

In this community: 48 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 44

(c) City or town: Carthage (If outside city or town limits, write "RURAL")

(d) Street No.: 520 Chestnut 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: None

3. (a) PRINT FULL NAME: Robert Abraham MOONEYHAM

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male C

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Bettie Stookey Mooneyham

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

7. Birth date of deceased: September (Month) 5, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	22	hr. min.

9. Birthplace: Benton, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Lawyer

11. Industry or business:

FATHER

12. Name: Thomas Mooneyham

13. Birthplace: Benton, (City, town, or county) Ill. (State or foreign country)

MOTHER

14. Maiden name: Mary Threlkeed

15. Birthplace: Unknown (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Mrs. Margaret Mooneyham

(b) Address: 520 W. Chestnut Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: Carthage, Mo.

19. (a) 9-29-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th. year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 1 Dec 1947, 19..., to 27 Sept 1948, that I last saw him alive on 9-26-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolus	7 hrs.
Due to: Cause undetermined	
Due to:	
Other conditions: 1. Valvular heart disease 15 yrs. 2. Diabetes mellitus 15 yrs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 61

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. T. McLew (M. D. or other) M.D.

Address: Carthage, Mo Date signed: 9-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-9-818

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 John S. Dennehy

John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage, 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.