FILED FEB 6 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1651
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 2 Registration District No. 73
(b) Township 0 Primary Registration District No. 3006 Registered No. 20
(c) or City Columbia (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geo Moberly
(a) Residence, No. 507 Lynn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6. 1875
7. AGE YEARS 64 MONTHS 9 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co MO 0

FATHER
13. NAME James Moberly 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co MO 0

MOTHER
15. MAIDEN NAME Alice Moberly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co MO

17. INFORMANT (ADDRESS) Shannon Moberly 507 No St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Colo Cem DATE 2-2 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. C. Freeman 608 Park Ave Columbia MO
20. FILED 2/3/ 1940 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1939, to Jan 31 1940
I last saw him alive on Jan 19 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Nov 1 1939

Other contributory causes of importance: Chronic Myocarditis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A W Kempfschmidt, M. D.
(Address) Columbia

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 me

A. C. Freeman, Registered Apprentice No. 2837

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.