

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32014

State File No.

Registrar's No. 726-A

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city of town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1121 E. Elm Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether)

In this community  
years, months or days

8. (a) PRINT FULL NAME Henry Peyton Mobberly

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Mobberly 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased May 6, 1873  
(Month) (Day) (Year)

8. AGE: Years 1 67 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Madison, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Highway Engineer

11. Industry or business Highway Dept.

12. Name Samuel Mobberly

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Bennett

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

16. (a) Informant Josephine Mobberly

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 9-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Alma Lehman

(b) Address Springfield Mo.

19. (a) Sept 7, 1940 (b) W. E. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1121 E. Elm  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
year 1940 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15  
1938 19   to Sept 5 1940

that I last saw him alive on Sept 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic Duration 1 yr.

Due to A.I.C.

Due to

Other conditions Sclerosis of coronary vessels for past 4 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? CAVE

While at work?  (Specify type of place) (e) Means of injury m-d

Signature Don H. Selsky (M. D. or other) M.D.  
Address Springfield Mo. Date signed

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

9  
3  
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 Wayne Linkle

Licensed Embalmer No. 3444

P. O. Address Springfield

**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, above space should be left blank.**