

FILED AUG 14 1942
Registration District No. _____

Primary Registration District No. 5439

Registrar's No. 538

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Rural N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Greene County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)
 In this community 68 1/2 years

3. (a) PRINT FULL NAME WILLIAM D. MOOMAW
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife none
 (c) Age of husband or wife if alive XX years
 7. Birth date of deceased April 27, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 21
 If less than one day hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Horn M. Moomaw

13. Birthplace Roanoke, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dale

15. Birthplace Pittsburgh, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Wales

(b) Address 1242 N. Roberson

17. (a) Burial (b) Date thereof 7/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. 7-20-42 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene 39
 (c) City or town S Rural N. Campbell
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 4
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1942 hour 7:07:00 minute P. M.

21. I hereby certify that I attended the deceased from July 7, 1942 to July 18, 1942
 that I last saw him alive on July 16, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 James Thomas (M. D. or other) _____

Address Springfield, Mo. Date signed 7-20-42

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

900

MOTHER FATHER

784

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..... 

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.

X