

ED MAY 10 1943
Registration District No. **128**

Primary Registration District No. **2000**

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CORSON

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country?
(Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Paul Moberly

3. (b) If veteran, name war Unknown

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 Mrs. Nan Moberly

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

7. Birth date of deceased April 10, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/> 41	0	6	hr. min.

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

10. Usual occupation Attorney

11. Industry or business At Law

12. Name Henry F. Moberly

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

14. Maiden name Anna Laidly

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

16. (a) Informant Mrs. Nan Moberly

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville, Missouri

18. (a) Signature of funeral director Elliott Funeral Home

(b) Address 8 Houston, Missouri

19. (a) 4-17-43 (b) Dr W S Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 4/16 1943
to 4/16 1943
that I last saw him live on 4/16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism (Delirium Tremens)

Due to

Due to

Other conditions (include pregnancy within 3 months of death) none

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 md

23. Signature Ray Hallaway (M. D. or other) md

Address Springfield Date signed April 19/43

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

904

(Licensed Embalmer's Statement on Reverse Side)

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 *[Handwritten Signature]*

Licensed Embalmer No. 1767

P. O. Address *[Handwritten Address]*

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 licensc.)

If this body is not embalmed, fact should be so stated above.

[Handwritten mark]