DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Feller

State File No. 19995

Registration District No. FILED AUG 1 1946 Primary Registration District No. 2000

Registrar's No. 496

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1521 W. Calhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 W. Calhoun 6
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Maude Moseley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Nathan Moseley

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

7. Birth date of deceased Nov. (Month) 30, (Day) 1878 (Year)

8. AGE: Years 67 Months 6 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Home

11. Industry or business ____

FATHER
12. Name Isaac Odell
13. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) UNK (State or foreign country)

16. (a) Informant Harold C. Moseley
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-12-46 (Date received local registrar) (b) Dr W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1946 hour 3 minute 15 p.M.

21. I hereby certify that I attended the deceased from 6-9-, 1946 to 6-10-, 1946 that I last saw her alive on 6-9-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 hrs
Due to Arterio Sclerosis & Hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

94W

PHYSICIAN

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury 0

23. Signature C E Feller (M. D. or other)

Address Springfield Mo. Date signed 6-11-46

111 (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

Roy H. Mercer Jr., Registered Apprentice No. 380

working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 496

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Maude Moseley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 30 (Day) 1 (Year)

8. AGE: Years 67 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-12-46 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June 10 Day
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

19995