

No. 2
M-5-43
5-17-39
I X36671

FILED JUN 24 1947

2000-5465

Registration District No. **128**

Primary Registration District No.

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Rural Campbell Twp.**
(c) Name of hospital or institution:
Springfield R.F.D. # 9 Box 781
(d) Length of stay: In hospital or institution **50 Years**
In this community **50 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Rural - Springfield**
(d) Street No. **Springfield R.F.D. # 9 Box 781**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **LEONARD B. MOSES**
3. (b) If veteran, name war **none**
3. (c) Social Security No. _____
4. Sex **male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Carrie MOSES**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 23, 1880**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11th**
year **1947** hour **1:00 P.M.** minute _____ M. _____
21. I hereby certify that I attended the deceased from **4-11**, 19**47**, to **6-11**, 19**47**.
that I last saw him alive on **6-8**, 19**47**.
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	67	4	18	_____ hr. _____ min.

Immediate cause of death **Carcinoma of stomach**
Due to _____
Due to _____

9. Birthplace **Ozark, MISSOURI**
10. Usual occupation **Farmer**
11. Industry or business **Farm**
12. Name **T. MOSES**
13. Birthplace **unknown**
14. Maiden name **Elizabeth Richard**
15. Birthplace **unknown**

Other conditions _____
Major findings: Of operations **460**
Of autopsy _____
Duration **6 mos.**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Carrie MOSES**
(b) Address **R.F.D. # 9, Springfield, Mo.**
17. (a) **Burial** (b) Date thereof **June 15, 1947**
(c) Place: burial or cremation **East Lawn**
18. (a) Signature of funeral director **Fred C. Thieme**
(b) Address **Springfield, Mo.**
19. (a) **6-14-47** (b) **W E Dandy MD**

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? _____
(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 **Bruce Lemmon** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **6-12-47**

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

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 Fred C. Thoma
.....
Licensed Embalmer No. 2899

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.)

24-51 **If this body is not embalmed, fact should be so stated above.**