No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41462

Registration District No. 128 — Primary Registration District No. 5466 — Registrar's No. 1096

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt.9, Springfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt.9, Springfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Moser
3. (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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 9 (Day) 1872 (Year)

8. AGE: Years 75 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Dover, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Pete Moser
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katie Leister
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs.G.A.Compton
(b) Address 1310 Meadowmier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19,1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director W.L.Dunn
(b) Address Springfield, Mo.
19. (a) 12-18-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1947 hour Unknown minute ..... M.
21. I hereby certify that I attended the deceased from Estimated about 10 am. Sept. 1, 1947 to Dec. 18, 1947 that I last saw him alive on Dec. 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	yrs.
Cardiac Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Fred A. Stahl (M. D. or other)
Address FRED A. STAHL, M. D. 807 WOODRUFF BLDG. SPRINGFIELD, MISSOURI Date signed 12-18-47

Jefferson City Printing Co. (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 Roy H. Meroney Jr.

Licensed Embalmer No. 4432

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.