

4800

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

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day. (Specify whether)

In this community: 48 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Laura B. Moberley

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: Female

5. Color or race: wh.

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

6. (b) Name of husband or wife: William Moberley

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: August 12, 1877
(Month) (Day) (Year)

8. AGE: Years: 70, Months: 7, Days: 4, If less than one day: — hr. — min.

9. Birthplace: Cass County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Matt Stillwell

13. Birthplace: Unknown

14. Maiden name: Polly Stillwell

15. Birthplace: Unknown

16. (a) Informant: Mrs. M. H. Barkley

(b) Address: 841 So. Leslie

17. (a) (b) Date thereof: Mar. 18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Emelery

18. (a) Signature of funeral director: Ott & Mitchell

(b) Address: 310 No. Main St. Ind. Mo.

19. (a) MARCH 18, 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1023 S. Pleasant
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March, day: 16, year: 1948, hour: 10, minute: 0, A. M.

21. I hereby certify that I attended the deceased from: 3/16, 1948, to: 3/16, 1948

that I last saw her alive on: 3/16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: coronary thrombosis

Duration: _____

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? _____

While at work? (Specify type of place) (e) Means of injury: _____

23. Signature: J. H. _____ (M. D. or other)

Address: _____ Date signed: 3/17/48

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 *Henry D. Mitchell*

Licensed Embalmer No. *3925*

P. O. Address *Indep. 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.