. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16145

Registration District No. 140 — Primary Registration District No. 302y — Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /-----110 E. Reynolds (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette (If outside city or town limits, write "RURAL")
(d) Street No. 110 E. Reynolds (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME John David Mobley
3. (b) If veteran, name war ----- 3. (c) Social Security No. ----
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nettie Dougherty
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Feb. (Month) 11 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	21	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business -----
FATHER
12. Name John Q. Mobley
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Elizabeth Reed
15. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. D. O. Newman
(b) Address Moberly Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cem.
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 5-8-1948 (Date received local registrar) (b) Dorothy Fern Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from 3-1, 1948 to 5-2, 1948 that I last saw him alive on 5-2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Cardio-Vascular Renal disease	3 yrs
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 0
23. Signature Wa Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 5-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-15-48

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 Lloyd O. Jaspering Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.