No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28678

Registration District No. 360 Primary Registration District No. 6227 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Deerfield, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Deerfield, Mo 108
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John O. Moberly
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 8, 1878 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	15	hr. min.

9. Birthplace Vernon Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Benjamin Moberly
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mattie Wh.
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Hebler
(b) Address Deerfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetery
18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo
19. (a) 8-31-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd
year 48 hour 3 minute a 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 Accident	
Burned up in Home	
Due to Unknown	
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 181 15	
Of autopsy no	

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) Accident
(b) Date of occurrence Aug 23rd - 1948 108
(c) Where did injury occur? Deerfield, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 2 (Specify type of place)
While at work? (e) Means of injury Accident
23. Signature Marsh Eichinger Coroner (M. D. or other)
Address Nevada, Mo Date signed 8-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1018
Date Filed 9-27-48

FEB 1 1954

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 not -
....., Registered Apprentice No.....
working under my personal supervision.

Signed Marsh, Eichinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.