

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3271  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 409  
(b) Township Neosho Primary Registration District No. 4363  
(c) City Neosho (d) Street No. Sele Bowman Hospital Registered No. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. (mos. da.) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 300 William Elmer Moody St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blackys Moody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mln.  
30 9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Logging & logging  
9. Industry or business in which work was done, as saw mill, bank, etc. Logging  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Centerville Ark (STATE OR COUNTRY)

FATHER 13. NAME Adolphus Moody  
14. BIRTHPLACE (CITY OR TOWN) Centerville Ark (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ellen Kohler  
16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Lester Moody (ADDRESS) Centerville Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Ark 12-24-38

19. FUNERAL DIRECTOR (NAME) Callahan & M. Henry (ADDRESS) Centerville Ark

20. FILED 1-18 1939 Anal. & M. Henry (Address) Neosho Mo.  
Medical Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-38

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him dead on 12-24-38, 1938. Death is said to have occurred on the date stated above, at 1:30 PM.

The principal cause of death and related causes of importance were as follows:

Shock and internal injuries  
Following auto accident  
Date of onset 21 10 38

Other contributory causes of importance:

Car overturned on highway

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 12-24-38  
Where did injury occur? Highway #88 north of Centerville Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Internal injuries  
Nature of injury Car overturned on highway

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Carol Thompson Centerville, Mo.

(Address) Neosho Mo.

**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, .....

*O. E. McKinney*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*O. E. McKinney*

Licensed Embalmer No. *3201*

P. O. Address

*Rogers Ark*

**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, above space should be left blank.**