

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1939

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

35391
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township Flat Rock Primary Registration District No. 402 Registered No. 39
 (c) City Cassie (d) Street No. Barry County Hospital 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. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 309 Richard Elmer Moudy St.
Cassie, Mo. R. 2 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cordelia Moudy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6, 1916</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>2</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Missouri</u>		
13. NAME <u>A. M. Moudy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Missouri</u>		
15. MAIDEN NAME <u>Emma J. Hazelwood</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Admission Co. Neb.</u>		
17. INFORMANT (ADDRESS) <u>A. M. Moudy</u> <u>Cassie, Mo. R. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Russell</u> DATE <u>Oct 19, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Horsine Culver</u> <u>Cassie, Mo.</u>		
20. FILED <u>10-26, 1939</u> <u>Severance</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1939, to October 18, 1939
 I last saw him alive on October 18, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Shank fracture
Pneumonia
throat

Other contributory causes of importance:
None

Name of operation None Date of Oct 17
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Oct. 17, 1939
 Where did injury occur? near Sta. City, Mo. (Barry County)
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury automobile accident
 Nature of injury shank fracture

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify truck driver
 (Signed) Richard Elmer Moudy, M. D.
 (Address) Cassie, Mo.

310 102
AUG 24 1956

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

G. E. Cohen

or by

Jack Canada

Registered Apprentice No. 225, working under my personal supervision.

Signed

G. E. Cohen

Licensed Embalmer No. 3584

P. O. Address

Cassville 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35391 7
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 24
(b) Township Cassville Primary Registration District No. 40211 Registered No. 39
(c) City Cassville (d) Street 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Elmer Mandy
(a) Residence, No. _____ St. (If no street address, write county or city) _____ (If no resident, give city or town and State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 2 12

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

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

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.
The principal cause of death and related causes of importance were as follows:

Skull Fracture Date of onset 7:10 PM
Traumatic Pneumonia
Throat

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 16 1939
Where did injury occur? Near Cassville, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Highway vehicle collided
Nature of injury with fixed object

24. Was disease or injury in any way related to occupation of deceased?
If so, specify See W Newman, M. D.
(Signed) Cassville (Address) Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

