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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12592**

Registration District No. **819** Primary Registration District No. **6068** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Morley *FWLS*

(c) Name of hospital or institution: Route # 2. 2.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

In this community 4 years

8. (a) PRINT FULL NAME Lady Gay Moody

8. (b) If veteran, name war X X X

8. (c) Social Security No. X X X

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife W.A. Henry

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

7. Birth date of deceased Oct 9 1891

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Red Banks Mississippi

(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business X X X

MOTHER FATHER {

12. Name X X X Johnson

13. Birthplace unknown unknown

(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Dolphien Moody

(b) Address Morley, Mo Route # 2.

17. (a) Burial (b) Date thereof 3-12-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director 864

(b) Address Charleston, Mo.

19. (a) Mar 15 (b) Mrs L Daugherty

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Morley

(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2. (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.

year 1940 hour 9 minute 15 P.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.

Immediate cause of death

Called to residence about 10pm on date of death. Refrains stated Dece had suffered with dizziness and headaches. Probable cause of death High blood pressure Weak Heart

Other conditions Weak Heart

(Include pregnancy within 3 months of death)

Major findings: No Doctor Attended

Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature John F. Hummel (M. D. or Physician)

Address Charleston Mo Scott County

Date signed 3/12/40

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

RECEIVED

District Health Officer No.

District File Number 440-8

Date Filed 4/4/41

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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

*John P. Annelle Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston, Md

**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.