S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41273

Registration District No. 1399 — Primary Registration District No. 1002 — Registrar's No. 4666

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4332 Wornall 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami

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

(d) Street No. ..... (If rural, give location)

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

3. (a) PRINT FULL NAME Joseph M. Moody Joseph M. Moody

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race White Am.

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

6. (b) Name of husband or wife JULIA A. MARTIN

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

7. Birth date of deceased 10 (Month) 16 (Day) 1851 (Year)

8. AGE: Years 89 Months 1 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country) 1

10. Usual occupation FARMER 1

11. Industry or business

FATHER
12. Name ALFRED H. Moody 1
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARTHA CHAUDOINS
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Gertrude Schauer

(b) Address Louisburg Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg Kas.

18. (a) Signature of funeral director Ward B. Runyan

(b) Address Louisburg Kansas

19. (a) 12-8-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1940, 19..., to Dec 8, 1940, that I last saw him alive on Dec 8, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs.
Due to Oldage.	
Due to Oldage.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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) .....

(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 .....

23. Signature M. B. Casebolt (M. D. or other)

Address 925 Argyle Bldg K.C. Mo Date signed 12-8-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.