

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30698

State File No. 3455

FILED OCT 13 1941

Registration District No. 579

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kennett Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 110 West 67 Terrace
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1941 hour 5 minute 55 p. M.
21. I hereby certify that I attended the deceased from Sept 11-41
1941 to Sept 14-1941
that I last saw him alive on Sept 14-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 1 yr
Due to Basaloma of prostate 1 yr
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy yes 518

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Calvin Moody, Rev

3. (b) If veteran, name war No (c) Social Security No. No.

4. Sex Male 5. Color White 5. (a) Single, widowed, married, divorced Widowed

6. (a) Name of husband or wife Jannae Moody 6. (c) Age of husband or wife if alive M. years

7. Birth date of deceased Oct 16 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Waterbury Vermont
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

12. Name George K. Moody

13. Birthplace 1 Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Lucia Eddy

15. Birthplace 1 Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs K. Lawson

(b) Address 110 West 67 Terrace

17. (a) Burial (b) Date thereof 9-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bremen Funeral Home

(b) Address 1306 Miller St. St. Louis, Mo.

19. (a) 9/16/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. McCalman (M. D. or other) 0
Address 13850 Broadway Date signed 9/15-41

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

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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 Nancy Bergman
Licensed Embalmer No. 2041
P. O. Address Kan City, 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.