

No. 2
4-13-40
5-17-39
X23158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34481

FILED NOV 10 1942
Registration District No. 652267

Primary Registration District No. 43-9-03049

Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County Remick
(b) City or town Hazlet Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Earnest Boyd Moody
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male Color or race white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10-9-1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day 2 hr. 20 min.

9. Birthplace Hazlet Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Earnest Moody
13. Birthplace Carrollville Mo R10
(City, town, or county) (State or foreign country)

14. Maiden name Anna Burns
15. Birthplace Postville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Moody
(b) Address Hazlet Mo

17. (a) burial (b) Date thereof 10-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Cemetery

18. (a) Signature of funeral director Friend
(b) Address Hazlet Mo

19. (a) 10-9-42 (b) Mrs. A. D. Shirley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Remick
(c) City or town Hazlet Mo
(If outside city or town limits, write "RURAL")
(d) Street Name _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1942 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1942 to Oct. 9, 1942
that I last saw him alive on Oct 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature child
6 months
Duration _____

Due to Born 2 A.M.
Due to Died 2:20 A.M.
same date

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 159
Of autopsy _____
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? _____

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

23. Signature Joe Bond M.D. (M. D. or other)
Address Hazlet Mo Date signed 10-9-42

11-42-7

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, fact should be so stated above.