

MAY 10 1943

Registration District No. 105

Primary Registration District No. 5419

1. PLACE OF DEATH:

(a) County Dunklin.  
(b) City or town Rural Freeborn Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 Miles West of Clarkton.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community All of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Miles West of Clarkton.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Janice Moody

3. (b) If veteran, name war no. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White 6. (a) Single, widowed, married, divorced Infant.

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

7. Birth date of deceased August 3 1942.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 9 0 hr. min.

9. Birthplace Dunklin County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None.

12. Name Olcie F. Moody

13. Birthplace Dunklin County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice O. Smith.

15. Birthplace Dunklin County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Olcie F. Moody

(b) Address Clarkton Mo. Route 1

17. (a) Burial (b) Date thereof 5-4-43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGrew Cemetery.

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

(b) Address Malden. Mo.

19. (a) May 4, 1943 (b) La Vonnel Bunn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd.  
year 1943. hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 25<sup>th</sup> 1943, to May 1st 1943;  
that I last saw her alive on May 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 1 wk

Due to Whooping cough since Dec 25

Due to measles Feb 4

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

Major findings:  
Of operations.....

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 John D. Vanhook (M. D. or other)

Address Malden Mo Date signed 5/11/43

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

MOTHER FATHER

MAY 18 1943

RECEIVED  
District Health Office No. 2  
District File Number 543-638  
Date Filed 5-7-43

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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.....

Not Embalmed.

..... 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.**