

Suggert  
2055

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 318

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

1. PLACE OF DEATH:

(a) County... Boone

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

(c) Name of hospital or institution:  
Bryan Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 Years  
(Specify whether)

In this community... 75 Years  
(years, months or days)

3. (a) PRINT FULL NAME SUE M. MOODY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William E. Moody

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

7. Birth date of deceased... 12 - 31 - 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 21 If less than one day

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name John Crist

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

14. Maiden name Marian Elliott

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

16. (a) Informant O.D. Moody

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 12-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service  
(b) Address Columbia, Mo.

19. (a) 12-24-43 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 310 N. Williams  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1943 hour 6:15 minute A.M.

21. I hereby certify that I attended the deceased from Sept-20 1942 to Dec-22 1943 that I last saw her alive on Dec-19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) J3d

Major findings: Of operations None

Of autopsy

Duration

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 J.C. Suggert (M. D. or other) M.D.  
Address Columbia, Mo Date signed 12-23-43

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 4132

P. O. Address..... Columbia, Ill

**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.**