

No. 2
5-42
5-17-39
I X32873

FILED FEB 27 1944

Registration District No. 373

Primary Registration District No. 6280

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town NAVI TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 MILES NORTHEAST OF MANSFIELD
(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 50-1-7 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town NAVI-TWP-RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Raymond Moody

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

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULA MOODY
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Nov 5 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 7
If less than one day hr. _____ min. _____

9. Birthplace WRIGHT CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name HENRY MOODY
13. Birthplace TENN
(City, town, or county) (State or foreign country)

14. Maiden name TRACY GRAY
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Moody
(b) Address MANSFIELD MO

17. (a) BURIAL (b) Date thereof JAN 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOLF CREEK CEM. Mansfield

18. (a) Signature of funeral director W. J. ...
(b) Address MANSFIELD MO

19. (a) 1-18-1943 (b) W. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-12-44 to Jan 12 1944
that I last saw him alive on Jan 12 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Pancreas
Duration _____

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

Major findings: Of operations _____
Of autopsy _____

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 0
23. Signature W. J. ... (M. D. or other) _____
Address Mansfield Mo Date signed 1/14/44

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

14
0
0

MOTHER }
FATHER }

933

1944

RECEIVED

District Health Officer No. 6,

District File Number 244-230

Date Filed FEB 15 1944

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Ind

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.