

FILED NOV 28 1944

Primary Registration District No. 3036

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
200 W. College St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether  
 In this community 1 Day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 194  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 1 Billings Mo  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas M Moody

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

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

6. (b) Name of husband or wife America Moody 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 15 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 7 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name John Moody  
 { 13. Birthplace ? Calif., 4  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Sarah Mains  
 { 15. Birthplace ? Calif., 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellar Burton  
 (b) Address 200 W. College Aurora Mo.  
 17. (a) Burial (b) Date thereof 10/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kimberling Cemetery

18. (a) Signature of funeral director J.F. King  
 (b) Address Aurora Mo.  
 19. (a) 10-23-44 (b) Cunice Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 22  
 year 1944 hour 9 minute 30P. M.

21. I hereby certify that I attended the deceased from Oct 22 1944 to Oct 22 1944  
 that I last saw him alive on Oct 22 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration \_\_\_\_\_

Due to 940  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations none  
 Of autopsy none  
 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 Emmett Kelly M. D. or other M.D.  
 Address Aurora Mo Date signed 10-23-44

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

RECEIVED

District Health Officer No. 6;

District File Number 1144-1218

Date Filed NOV 24 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.....

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.