

S. No. 2
DM-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10274

FILED JAN 11 1945
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5265

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 11-27-44-12-25-44
3 yrs (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 727 Highland 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Nellie Naude Moody

3. (b) If veteran, name war No

3. (c) Social Security No. 512 18 6101

4. Sex Femal 5. Color or race W

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

6. (b) Name of husband or wife Jesse V Moody

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb 12 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>10</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Spencer Courton

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

14. Maiden name Anna Scheide

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

16. (a) Informant Jesse W Moody

(b) Address 727 Highland

17. (a) Burial removal (b) Date thereof Dec 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary Kas. C. Ks.

18. (a) Signature of funeral director. Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 12-26-44 (b) T. E. Brown (U3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 25 1944
year 1944 hour 2:30 minute A.M. M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw h. alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia (Bilateral)

Due to Septic-Enterotoxic

Due to _____

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

Major findings: History of Inspection

Of operations _____

Of autopsy no

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)
(c) Means of injury _____

23. Signature Jimm Walker (M. D. or other) Walker

Address 1424 Poplar Rd Date signed 12-26-44

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

MOTHER FATHER

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 Theron R. Redman

Licensed Embalmer No. 2737

P. O. Address 9 R 2nd

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.