

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JAN 14 1946 **STATE BOARD OF HEALTH OF MISSOURI**
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 238 Primary Registration District No. 582234385 Registrar's No. 120

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Couthsville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Ed Moody
3. (b) If veteran, name war No 3. (c) Social Security No. 492-16-5324

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 31 year 45 hour 6 pm minute 20 M.
21. I hereby certify that I attended the deceased from Dec 30 1945 to Dec 31 1945 that I last saw him alive on Dec 31 1945 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Bulah Moody 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Sept 14 1884
(Month) (Day) (Year)

Immediate cause of death Pneumonia - Pulmonary Abscess -
Due to Chronic Phthisis

8. AGE: Years 60 Months 3 Days 18 If less than one day hr. min.

Duration
Due to

9. Birthplace unknow Tenn!
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Labor

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business Labor
12. Name James Carl Moody
13. Birthplace unknow Tenn!
(City, town, or county) (State or foreign country)
14. Maiden name Mississie Wilson
15. Birthplace unknow Tenn!
(City, town, or county) (State or foreign country)

Major findings:
Of operations

16. (a) Informant Sallie Wilson
(b) Address New Madrid

Of autopsy 106

17. (a) Burial (b) Date thereof 1-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pontagville, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Richards and Co.
(b) Address New Madrid, Mo.
19. (a) 1-9-45 (b) Nelms Laird Jones
(Date received local registrar) (Registrar's signature)

While at work?

23. Signature O.B. Chandler (M. D. or other)
Address New Madrid, Mo Date signed 1/24/46

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

12
4
0

RECEIVED

District Health Office No. 2

District File Number 146-700

Date Filed 1-11-46

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 *J. Collins*
Licensed Embalmer No. 4346
P. O. Address *New Madrid, Mo*

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.