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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED** OCT 17 1946  
**STANDARD CERTIFICATE OF DEATH**

34125

State File No. \_\_\_\_\_

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 110

**1. PLACE OF DEATH:**

(a) County Macon

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community all his life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Macon <sup>61</sup>

(c) City or town Macon, Mo. <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Crescent Band <sup>2</sup>  
(If rural, give location) <sup>0</sup>

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Stephen D. Moody

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 10 year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 10 1946 to Sept 10 1946 that I last saw him alive on Sept 7 1946 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased: Jan. 23 1857  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocardial disease <sup>1.40</sup>

Due to Arterio sclerosis with hypertension <sup>5 or more years</sup>

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

8. **AGE:** Years 89 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Major findings: Of operations \_\_\_\_\_

Of autopsy ABE

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Thomas Moody

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

14. Maiden name Eliza Wright

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

16. (a) Informant W.A. Moody

(b) Address Macon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor Cem.

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon Mo.

19. (a) 10-1-46 (Date received local registrar) (b) with McNeely (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place)

While at work? Yes (e) Means of injury \_\_\_\_\_

23. Signature D. P. Pennington (Date signed) 9/21/46

Address Macon Mo.

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

5-17-39

185

(Licensed Embalmer's Statement on Reverse Side)

11/10/46

RECEIVED

District Health Officer No. 10  
District File Number 10-46-1854  
Date Filed OCT. 14 1946

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..... *C. L. Stephens* .....  
Licensed Embalmer No. *3057* .....  
P. O. Address *Mecon 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.