

FILED FEB 11 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Bernsgen
(b) City or town Norwood
(c) Name of hospital or institution: State Hospital #3
(d) Length of stay: In hospital or institution 7 yrs 7 mo 24 hrs
In this community 7 yrs 7 mo 24 hrs

3. (a) PRINT FULL NAME SONATHAN MOODY

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

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

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive V years

7. Birth date of deceased January 18 1858

8. AGE: Years 90 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Norwood Mo

10. Usual occupation Farmer

11. Industry or business

12. Name Nash Moody

13. Birthplace Levan

14. Maiden name Effie Jane McKelley

15. Birthplace Ark

16. (a) Informant Hospital records

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2-3-48

(c) Place: burial or cremation Crest Cemetery, Mo.

18. (a) Signature of funeral director Thomas H. Haulden

(b) Address Box 136, Norwood, Mo.

19. (a) 2-2-48 (b) Walburn

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Norwood
(d) Street No. V
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1948 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 10-15-
1948 to 2-1- 1948

that I last saw him alive on 2-1- 1948

and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings: apoplexy

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) Manner of injury

23. Signature J. R. Hall (M. D. or other)

Address Nevada Mo Date signed 2-7-48

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 1-48-42
Date Filed 2-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, ~~only~~

....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas A. Auldin

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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, above space should be left blank.