

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16451**
Registrar's No. **2124**

FILED JUN 1 1948/49
Registration District No. **149**

Primary Registration District No. **1002**

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

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 No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 3 days**
 (Specify whether years, months or days) **unknown**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **500 E. 8 St.**
 (If rural, give location)
 (e) Citizen of foreign country? **unknown** (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME **Lee Moody**

3. (b) If veteran, name war **unk** 3. (c) Social Security No. **No Record.**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married divorced **unk**
 6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **19** years
 7. Birth date of deceased. **12** (Month) **19** (Day) **1889** (Year)

8. AGE: Years **66** Months **5** Days **0** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Dolphin Moody**

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

14. Maiden name **Mary Gates**

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

16. (a) Informant **Mrs. Wilma Smith**

(b) Address **Marshall Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5/20/48** (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall Mo**

18. (a) Signature of funeral director **J. P. Smith**

(b) Address **Kansas City Mo.**

19. (a) **5-20-48** (Date received local registrar) (b) **Steldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **19** year **1948** hour **7** minute **40** A.M.

21. I hereby certify that I attended the deceased from **April 16**, 19**48**, to **May 19**, 19**48**; that I last saw him alive on **May 19**, 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular accident**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **836**
 Of autopsy **None**

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 **Wm W. Hart** (M. D. or other) **MD**
 Address **Med. Dir. Gen'l Hosp.** Date signed **5-19-48**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Dr. Emanuel

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. *3625*

P. O. Address *R. C. 5th*

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.