S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19596

Registrar's No. 2476

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: 2411 Denver (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2411 Denver (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: X

3. (a) PRINT FULL NAME: AMANDA J. MOODY

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Levi Moody (Deceased

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

7. Birth date of deceased: November (Month) 3 (Day) 1868 (Year)

8. AGE: Years 79 | Months 7 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Wright County, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Home

11. Industry or business: X

MOTHER FATHER
12. Name: Wm. J. Whittekker
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Wm. J. Moody
(b) Address: 2411 Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hartville, Missouri

18. (a) Signature of funeral director: Wilks Funeral Home
(b) Address: 2315 Linwood K. C. 3 Mo

19. (a) 6-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 15, 1948 to June 11, 1948 that I last saw h. ev. alive on June 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 162 lb
Of autopsy:

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

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? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 6/12/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1924

Dr. Miller
24th & Jackson
Be 2369

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 Chas E. Wicks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.