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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23774

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Grand, Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 2
(If outside city or town limits, write "RURAL")

(d) Street No. Grand, Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ace Newton Moody

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Georgia Moody

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

7. Birth date of deceased May (Month) 9, (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Decator, Co. (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business X

FATHER
12. Name Ace Taylor Moody
13. Birthplace Henderson, Co., (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nana Thweatt
15. Birthplace Clarkton, (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Henry Moody
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 8-4-48 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature) 7/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~1948~~ 25 year 1948 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Apr 4th 1948 19 to July 13th 1948 that I last saw her alive on July 13th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Fractured hip~~

Due to Cancer of throat

Due to & lungs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature J B Luten (M. D. or other)

Address Caruthersville Mo Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

8-48-214

SEP 1 1948

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 William D. Fike

Licensed Embalmer No. 4484

P. O. Address Carutherswille,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.