MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37143
Do not use this space.

1. PLACE OF DEATH
(a) County Wright — Registration District No. 906
(b) Township Gasconade — Primary Registration District No. 6221 — Registered No. 24
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 56 yrs. 5 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Moody
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Della Moody
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10-1882
7. AGE: YEARS 56 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): May-1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co Missouri

FATHER
13. NAME: William Moody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co Missouri

MOTHER
15. MAIDEN NAME: Elenor Adamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co Missouri

17. INFORMANT (ADDRESS): Della Moody Mansfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wolf Creek DATE: Oct 12 1938
19. FUNERAL DIRECTOR (ADDRESS): F. A. Steffe Mansfield
20. FILED: Nov 15 1938 Carlyn Ellis, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 11, 1938.
I last saw him alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 6 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Done
	Known

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. R. Mott, M. D.
(Address) Hartville Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

District Health Officer No. 6,

District File Number 6-38-612

Date Filed MAY 1 1 1938

STATEMENT BY LICENSED EMBALMER

I, F.A. Stiffe, Licensed Embalmer No. 3221

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed F.A. Stiffe

Licensed Embalmer No. 3221

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.)