

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19423

FILED MAY 8 1944

Primary Registration District No. 6285

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mountain Grove  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or institution.....  
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove (Rural)  
(d) Street No.....  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles Moody

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Moody 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased April 6 1870

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from.....  
that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

8. AGE: Years Months Days If less than one day  
74 0 9 hr. min.

Due to Bronchial Pneumonia  
Due to was suffering from this condition 4 days  
Other conditions medical aid

9. Birthplace Wright County Missouri

10. Usual occupation Blind pensioner

Major findings:  
Of operations.....  
Of autopsy none

11. Industry or business.....  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs Ruby Leascher  
(b) Address Mountain Grove Mo  
17. (a) Burial (b) Date thereof 4/18/1944  
(c) Place: burial or cremation Hill-Crest Cemetery

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director [Signature]  
(b) Address Mountain Grove Mo  
19. (a) 4-20-44 (b) [Signature]

While at work?..... (Specify type of place) (e) Means of injury Car  
23. Signature [Signature] (M.D. or other) 3  
Address Manifield Mo Date signed 4/15-44

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

MOYER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 544-603

Date Filed MAY 22 1944

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**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 *George Stepp*

Licensed Embalmer No. 3161

P. O. Address *Mr. George Stepp*

**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.**