REC'D APR 23 1938

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

9912
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 344
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1377
(c) City Kansas City — (d) Street No. 2624 Olive 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie K. Moseley 240
(a) Residence, No. 2624 Olive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Moseley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-8-1859
7. AGE: YEARS 79 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Ziba King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Lizzie Vance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Geo. Moseley, 3740 Warwick
18. BURIAL, CREMATION, OR REMOVAL PLACE: Forest Hill DATE: 3/31 1938
19. FUNERAL DIRECTOR (ADDRESS): Stine & McClure, Kansas City, Mo
20. FILED: Mch 30, 1938 M. M. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-29, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937 to March 28, 1938
I last saw her alive on March 28, 1938. Death is said to have occurred on the date stated above, at 2:55 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/27/38
1070	
Other contributory causes of importance:	
Arterial Hypertension	18 yrs

Name of operation: ✓ Date of
What test confirmed diagnosis? Denied 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) V. W. Harnell M. D.
(Address) 406 Wirthman Bldg

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)