

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

5281
 Do not use this space.
 480
 Registered No.

REC'D MAR 9 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 359
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 521 S. Hardesty 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 Mrs. Lucy Ann De Moss
 (a) Residence, No. 521 S. Hardesty 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. De Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 17

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) Indiana

FATHER 13. NAME Yank Cruzan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1939, to Feb. 4, 1939
 I last saw her alive on 2-3, 1939. Death is said to have occurred on the date stated above, at 3:45 m. AM
 The principal cause of death and related causes of importance were as follows:
Senility.
Myocardial
Decompensation.
 Other contributory causes of importance: 93 & 1

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1939
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify E. A. Wilkinson, M. D.
 (Signed) E. A. Wilkinson
 (Address) 1103 Grand Ave.

17. INFORMANT Myron De Moss
 (ADDRESS) 521 S. Hardesty, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Washington DATE Feb. 6-39

19. FUNERAL DIRECTOR (NAME) C.H. Blakman & Son, Inc.
 (ADDRESS) 2825 Indep. Blyd. K.C. Mo.

20. FILED 76 1939 M. M. Brown
 Local Registrar.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.