

WHILE FLAINLY - USE UNFADING BLACK INK - MAKE 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.

DEC 17 1939  
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City **2**

(c) Name of hospital or institution:  
5331 Highland  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5331 Highland  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 74 years.

3. (a) PRINT FULL NAME MRS. ELIZABETH MOFFATT **130**

(b) If veteran, name war No

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29  
year 1939 hour 4:45 minute P

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Patrick Moffatt

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

7. Birth date of deceased Feb 17 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17th  
1939, to Nov 29, 1939;

that I last saw her alive on Nov 29, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 9 12 hr. min.

Immediate cause of death Cerebral hemorrhage

Due to Atherosclerosis

Due to Stroke **about 10 years**

9. Birthplace Ogden Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Mallon **9**

13. Birthplace no record **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace no record  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Quiter Camille

(b) Address 5331 Highland Ave

17. (a) Topeka Kans (b) Date thereof 11/30/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Kansas

18. (a) Signature of funeral director Quirk & Robin Co

(b) Address 20 West Lawrence

19. (a) Nov 30 1939 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature Paul V. Royske (M. D. or other) **MD**

Address 1402 Bryant Bldg Date signed 11/30/39

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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.....

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.**