

FILED DEC 11 1940

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

37593
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4191
 (c) City Kansas City (d) Street No. 2527 Elmwood 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NEOMIA I. MOSS
 (a) Residence, No. 2527 Elmwood 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 Female 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 Harato Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>11</u>	<u>13</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) October 25, 1940 11. Total time (years) spent in this occupation No Record

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Mo.

FATHER 13. NAME Eli Milton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Richial Spears
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr. Harato Moss
2527 Elmwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial
Memorial Park K.C.Ks. DATE 11/4 1940

19. FUNERAL DIRECTOR (ADDRESS) Sheil Funeral Home
6606 Independence Ave. V.C.Mo.

20. FILED 11-3-40 19 M. M. Browe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1940 to Nov. 1 1940
 I last saw her alive on Nov. 1 1940 Death is said to have occurred on the date stated above, at 8:05 A.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Artero-sclerosis

Other contributory causes of importance: 93A'

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?
 If so, specify.....
 (Signed) John E. Caranough M. D.
 (Address) 4911 E-27th St K.C. Mo

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.

STATE BOARD OF HEALTH WITH CHANGING TITLES IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, John P. Sheil, Licensed Embalmer No. #3625
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 J. Sheil
Licensed Embalmer No. #3625

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.)