

FILED MAR 9 1942 399

Primary Registration District No. 1002

Registrar's No. 459

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
In this community: 20 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Douglas W. Moad
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced, widower: Divorced, Widower
6. (b) Name of husband or wife: Mary Lucy Moad
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 11-27-1880 (Month) (Day) (Year)

8. AGE: Years: 61, Months: 2, Days: 4, If less than one day: _____ hr. _____ min.

9. Birthplace: California (City, town, or county) (State or foreign country)

10. Usual occupation: Food caterer

11. Industry or business: Restaurant

12. Name: Martin L Moad

13. Birthplace: California (City, town, or county) (State or foreign country)

14. Maiden name: Marie Jane Eskerle

15. Birthplace: California (City, town, or county) (State or foreign country)

16. (a) Informant: John F Moad

(b) Address: Liberty Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Phil General

(b) Address: Kansas City Mo

19. (a) 2-2-42 (Date received local registrar) (b) M. M. Moad (Registrar's signature)

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.: 2200 East 15th St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Jan. day: 31st year: 1942 hour: 4 minute: 30 A.M. M.

21. I hereby certify that I attended the deceased from 1-28-42 to 1-31-42, 19____; that I last saw him alive on 1-31-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver with Hemorrhage into Gastro-intestinal Tract

Due to: _____
Due to: 12413

Other conditions (include pregnancy within 3 months of death): _____

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: See above
Underline the cause to which death should be charged statistically.

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? _____

23. Signature: Duery R. Thorr (M. D. or other) _____
Address: Med. Dir. K.C. Gen. Hospital Date signed _____
(Specify type of place) (e) Means of injury _____

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

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, fact should be so stated above.