

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

48
3
8

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

In this community **16 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048098**

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

(d) Street No. **7527 Jefferson**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Mrs. Cathryn E. Moss**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **P. A. Moss**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **March 8 1907**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	1	0	hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER {

12. Name **Edward Purdy**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie Dunham**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **P. A. Moss**

(b) Address **7527 Jefferson**

17. (a) **Removal** (b) Date thereof **4-8-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chanute, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **4-8-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8** year **1942** hour **1** minute **15** A. M.

21. I hereby certify that I attended the deceased from **April 6** 19**42** to **April 8** 19**42** that I last saw her alive on **April 8** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Menigitic Pneumococcus Type IV**

Due to **8/a**

Other conditions **Edema of the lungs.**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy **as 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Dr. Don Blodgett** (M. D. or other) **M. D.**
Address **1000 E. 12th St.** Date signed **4-8-42**
Dr. J. H. Stump, M. D. Research Hosp.

NOV 1 1944

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.