U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32882

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3791

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

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: 2935 Mercier 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 2935 Mercier
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. ALICE MOSS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife W. J. Moss

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

7. Birth date of deceased August 28, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 15 ~~16~~ If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Woodward
13. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Theresa Smith
15. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Terressa Jones
(b) Address 2935 Mercier

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 10-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Arkansas

18. (a) Signature of funeral director Murk and Tobin Co
(b) Address 20 West Linwood

19. (a) 10-14-42 (Date received local registrar) (b) M M Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1942 hour 4: minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-11, 1942 to 10-13, 1942
that I last saw her alive on 10-13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dehydration	1 week
Due to Vomiting 46B	5 weeks
Due to Probable gastric malignancy	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
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) No
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature P. M. Nunn (M. D. or other) MD
Address 534 Southwest Blvd Date signed 10-14-42

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quinn

Licensed Embalmer No. 3334

P. O. Address K C Mo

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.