

FILED DEC 21 1942 49
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
6016 East 16th St.
(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)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6016 East 16th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Ellen Moss

3. (b) If veteran, name war _____

3. (c) Social Security No. No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John E. Moss

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

7. Birth date of deceased January 16, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 6
If less than one day hr. min.

9. Birthplace Ironton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {

12. Name Dennis McLaughlin

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McClain

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Winkler

(b) Address 6016 E. 16th St. K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C. Mo.

19. (a) 12-23-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1942 hour 12 minute Noon

21. I hereby certify that I attended the deceased from Dec 13
1942 to Dec 22 1942
that I last saw him alive on Dec 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure

Due to Hypertensive congestion & lung 7 days

Due to Cerebral hemorrhage 9 days

Other conditions Senility 82 a

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature Chas J Fry (M. D. or other) M.D.
Address 530 Lee Hwy Date signed 12/23/42

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. *28655*

P. O. Address. *R.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.