V. S. No. 2
00M—2-43
e 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23990

State File No.

Registration District No. LED AUG 6 1949 /49

Primary Registration District No. 1002

Registrar's No. 3230

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/13-7/21/43 (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1717 Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CCEALIA MOSHY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Allan Mosby

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October (Month) 28, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	23	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name George Gullick
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Nannie----------
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 7-24-43 (Date received local registrar) (b) N. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from May 13, 1943 to July 21, 1943
that I last saw her alive on July 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Due to Atrophic Cirrhosis of Liver

Due to 124/51

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

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)

(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 0

23. Signature G. C. Dunnell (M. D. or other) MD

Address Gen. Hosp #2 - K C Mo Date signed 7-21-43

(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 Isaac F. Marlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.