

FILED DEC 3 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4734

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:
30th & Main Street On The Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 25 Years
years, months or days)

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. 5021 East 24th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs Bessie Ellen Moffett

3. (b) If veteran, name war no 3. (c) Social Security No. 487-07-4905

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Moffett (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Frank Zimmerman
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Groom
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Wessley

(b) Address 2310 Jackson

17. (a) Burial (b) Date thereof Nov 8th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 1800 Linwood Blvd

19. (a) 11-8-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Requity to Coroner
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to of 5th

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection & history

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)
Signature A. E. Walker (M. D. or other)
Address 2310 Jackson Date signed 11/8/43

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 Chas. Welles

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.