

FILED NOV 13 1944/9
 Registration District No. **1449**

Primary Registration District No. **1002**

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:
EN ROUTE IN AMBULANCE TO LAKESIDE HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **1 YEAR 3** (Specify whether 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. **6 WEST 62ND STREET**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS GRACE MARION MOSSER**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **OCTOBER** day **25TH**
 year **1944** hour **10** minute **30 A.** M.

4. Sex **FEMALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MR THOMAS MOSSER**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JANUARY 1 - 1875**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw h_____ alive of **Deputy Coroner**, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 9 24 hr. min.

Immediate cause of death _____
Coronary Arteriosclerosis
 Due to **Hypertrophy of heart.**
 Due to _____

9. Birthplace **COLUMBUS OHIO**
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death) **95C**

10. Usual occupation **AT HOME**

Major findings:
 Of operations _____
 Of autopsy **Inspection, & history**
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **HENRY CONSTANS**
 13. Birthplace **ALSACE-LORRAINE**
 (City, town, or county) (State or foreign country)
 14. Maiden name **AMELIA HOSKIN**
 15. Birthplace **ALSACE-LORRAINE**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs S L Newman**
 (b) Address **6 West 62 St**

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?

17. (a) **BURIAL** (b) Date thereof **OCT-27-1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **FOREST HILL CEM**

18. (a) Signature of funeral director **D. N. Newcomers Sons**
 (b) Address **1401 BRUSH CREEK BLYD**
 19. (a) **10-26-44** (b) **T. E. Brown**
 (Date received local registrar) (Registrar's signature)

23. Signature **A. E. Upsher** (M. D. or other) **M.D.**
 Address **231 McCoy** Date signed **10/25/44**

DEC 16 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 Emile W. Colborn

Licensed Embalmer No. 3506

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.