7. S. No. 2
00M—2-43
ev. 5-17-39
P-I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36850

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4802

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: 2641 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community as above

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6
(c) City or town Fantha City
(If outside city or town limits, write "RURAL")
(d) Street No. –
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Geneva Candle Moseley

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife unknown,

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

7. Birth date of deceased November (Month) 1 (Day) 1864 (Year)

8. AGE: Years 80 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER
12. Name ~~Samuel~~ Michael Earhart
13. Birthplace ~~unknown~~, Ohio (City, town, or county) (State or foreign country)
14. Maiden name unknown,
15. Birthplace ~~unknown~~ Ala (City, town, or county) (State or foreign country)

16. (a) Informant E. R. Moseley,
(b) Address 2003 Ralston, Independence, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-28-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1944 hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1944, to Nov. 27, 1944, that I last saw h. alive on Nov. 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis – 1 mo.
Due to Arteriosclerosis –
Due to Senility –
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83 yr
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address 1500 Prof. Bldg. Date signed 11-28-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Don Carlos Bete

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. 1415

P. O. Address.....

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.