

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 2 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **5790**
731
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

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 No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 15 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. 619 E. 13 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Ellis Mosby

3. (b) If veteran name was SPANISH AMERICAN 3. (c) Social Security No. 489-30-1641

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MRS. ROSE OSTROWYER 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 14 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 25 If less than one day 26 hr. _____ min. _____

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

10. Usual occupation MINER

11. Industry or business _____

12. Name BEN E. MOSBY

13. Birthplace CAMDEN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name PHOEBE THOMAS

15. Birthplace CAMDEN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CARL WEIDMAN

(b) Address 2611 EAST 78TH STREET

17. (a) BURIAL (b) Date thereof FEB. 12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMDEN MISSOURI

18. (a) Signature of funeral director D. N. Nestor

(b) Address 1401 BRUSH @ CREEK BLVD.

19. (a) 2-12-46 (b) Maude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 3 46 to Feb. 9 1946
that I last saw him alive on Feb. 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Confluent bronchopneumonia

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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)

23. Signature Carl W. Sulzberger (M.D. or other) 2-11-46

Address Med. Dir. Gen'l Hosp. Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4779
P. 2000

Dr. Miferson

MAY 17 1954

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 *A. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address *N. 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.