

No. 2
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5791**
Registrar's No. **1011**

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:
Emmanuel Hosp. No. 2 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **7 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **K.C.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1103 E. 30th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Willie Mosby**
3. (b) If veteran, name war **- no** 3. (c) Social Security No. **486-26-3092**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Mar.**
6. (b) Name of husband or wife **Emma Mosby** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **Feb. 10 1905**
(Month) (Day) (Year)

8. AGE: Years **41** Months **0** Days **14** If less than one day hr. min.

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

10. Usual occupation **Janitor**

11. Industry or business **1103 E. 30th**

12. Name **Willie W. Mosby**

13. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Mosby wife**

(b) Address **1103 E. 30th**

17. (a) **Burial** (b) Date thereof **2-28-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Adkins Pres.**

(b) Address **2000 E. 12th K.C. Mo**

19. (a) **2-28-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **24**
year **1946** hour **12** minute **25 A.M.**

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

Immediate cause of death **Internal Hemorrhage** Duration _____
Due to **Due to Gun Shot wound of upper left chest**
Due to **Same as above**

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

Major findings: **166**
Of operations _____

Of autopsy **Same as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **2-24-46**

(c) Where did injury occur? **K.C. Jackson - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place?
On Street - front 922-W-24th
(Specify type of place)

While at work? _____ (e) Means of injury **Deputy Coroner**

23. Signature **Thurcellianus** (M. D. or other) _____

Address **2636 Brooklyn** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4780

FEB 17 1949

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. T. Moore

Licensed Embalmer No. 948

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.