

No. 2  
-12-45  
5-17-39  
I X47070

State File No. \_\_\_\_\_  
422  
Registrar's No. \_\_\_\_\_

FILED FEB 11 1947  
Registration District No. \_\_\_\_\_

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:  
1138 Independence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 Years  
years, months or days)

3. (a) PRINT FULL NAME Henry R. Mosby

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Mosby 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 10, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown (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 Dorothy Stevenson

(b) Address 1138 Independence

17. (a) Burial (b) Date thereof: 12-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Bond

(b) Address 1729 Lydia Avenue

19. (a) 1-28-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 1138 Independence  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
year 1947 hour 5 minute 52 A.

21. I hereby certify that I attended the deceased from Jan 21, 1947 to Jan 24, 1947  
that I last saw him alive on Jan 24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Capillary Branchitis Duration \_\_\_\_\_

Due to Cold & Exposure

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Chas. B. Bond (M. D. or other) \_\_\_\_\_

Address 419 1/2 S. 1st Ave. Date signed 1-27-47

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**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.....

*J. Jerome Manlove*  
.....  
Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**