S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31354

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4000

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: 5720 Swope Parkway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: xx (Specify whether years, months or days)

In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 5720 Swope Parkway 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 5

If yes, name country:

3. (a) PRINT FULL NAME: FRANK MOSER

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

3. (c) Social Security No. 487-03-0838

4. Sex: Ma 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna Moser

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: April (Month) 17 (Day) 1887 (Year)

8. AGE: Years 60 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace: Spaltz (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Beer Brewer

11. Industry or business: Muehlebach Brewing Co.

FATHER
12. Name: John Moser
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Anna Moser
(b) Address: 5720 Swope Parkway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.

19. (a) 9-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1947 hour 4: minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-19-47, 19__, to 9-19-47, 19__; that I last saw him alive on 9-19-47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs
Due to: Hypertensive Cardiovascular Disease	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9 3d	
Of autopsy:	

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) 0

While at work? (e) Means of injury:

23. Signature: Geo. C. Beakley (M. D. or other) M.D.

Address: 3447 Prospect K.C. Mo. Date signed: 9-19-47

(Licensed Embalmer's Statement on Reverse Side)

3447. Prospect
L1-2652

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.