

FILED JAN 20 1948

Registration District No. 149

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:
Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)
 In this community 30 years

3. (a) PRINT FULL NAME Jesse Barnett Moran
 3. (b) If veteran, name war no
 3. (c) Social Security No. XX none

4. Sex male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ida May Moran
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased March 25 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>10</u>	<u>XX</u> hr. <u>XX</u> min.

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

10. Usual occupation Implement Salesman

11. Industry or business International Harvester

MOTHER FATHER

12. Name Newton Moran
 13. Birthplace XXX Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name XX Hall
 15. Birthplace XXX Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Shackelford
 (b) Address Claycoma Village R 2 Liberty
 17. (a) Removal (b) Date thereof Jan 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wheeling Missouri

18. (a) Signature of funeral director Morton - Smith Funeral H.
 (b) Address North Kansas City Mo.
 19. (a) 1-6-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
 year 1948 hour 10 minute 1 M.
 21. I hereby certify that I attended the deceased from Sept 1 1947 to Jan 5 1948
 that I last saw h. in alive on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion Stomach & Metastasis
 Due to Metastasis
 Other conditions 4/6/48
(Include pregnancy within 3 months of death)
 Major findings: Of operations Same
 Of autopsy Same

Duration 10 yr
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? 0
 While at work _____
(Specify type of place) (e) Means of injury
 23. Signature Clayton W. Henderson
 Address Liberty Missouri Date signed 1-6-48

DEC 27 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.....

Charles Hanning..... Registered Apprentice No. *447*
working under my personal supervision.

Signed..... *Theron Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.