

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41234****5306**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		43 2 8					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2734 Troost Avenue				d. STREET ADDRESS (If rural, give location) 2734 Troost Avenue							
3. NAME OF DECEASED (Type or Print) a. (First) Virginia			b. (Middle) May		c. (Last) MOON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1949				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 10-9-1888		9. AGE (In years last birthday) 61			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY Clifford-Tessman		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME B. T. Henson			13b. MOTHER'S MAIDEN NAME Effie May Anderson			14. NAME OF HUSBAND OR WIFE Paul Moon					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss Ruth Moon				ADDRESS 2734 Troost, K. C., Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis Heart Disease - Rt. Lobe Pneumonia, Chronic DUE TO (b) _____ DUE TO (c) Glomerular nephritis						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4200						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Medicinal		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Patton Blvd			23c. DATE SIGNED 12-14-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill			24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 12-14-49		REGISTRAR'S SIGNATURE Shiraldine Holman			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar					ADDRESS Kansas City, Mo.	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



.....
2499

Licensed Embalmer No.

P. O. Address..... KC

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.