S. No. 300
. 10.48

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

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41237
Registrar's No. 5068

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3724 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): P.
c. (Last): Moss

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb, 3, ~~1872~~ 1873
9. AGE (In years last birthday): 76 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Richard-Conover Hwde.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William H. Moss
13b. MOTHER'S MAIDEN NAME: Sarah J. Zimmerman
14. NAME OF HUSBAND OR WIFE: Rose Ann Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-05-0752
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Miss Opal Moss, 3724 Broadway

18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Portal Cirrhosis of Liver — 4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 581 D
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 1, *1949, to* Nov. 28, *1949, that I last saw the deceased alive on* Nov. 28, *1949, and that death occurred at* 10 55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: William F. Sanders (Degree or title) — William F. Sanders M.D.
23b. ADDRESS: 1103 Grand Ave, Kansas City, Mo.
23c. DATE SIGNED: Nov. 29, 1949.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-1-49
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 11-29-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Freeman Mortuary, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7-4:30 P.M.

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 Willis V. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 4123149
Local Registrar's No. 5068

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of Feb., 1950 before me appears Opal Moss, who, upon her oath, states that the original record of ~~birth~~ death for Samuel P. Moss, died ~~born~~ Nov. 28, 1949, in the State of Missouri, and which was filed at K.C. on Nov. 29, 1949, should be corrected as follows:

Item No. ~~8~~ 8 should read Feb. 3, 1873
Instead of Feb. 3, 1872

Item No. 9 should read 76
Instead of 77

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Opal Moss - Daughter
Relationship.

301 W - 66th - KCMo
Present Address.

Subscribed and sworn to before me this 2nd day of Feb, ~~194~~ 1950

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667