

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5164

State File No. ....

FILED MAR 8 1952

913

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2614 1/2 E. 18th St. 3248</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2614 1/2 E. 18th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>Moreland-</b> c. (Last) <b>Moreland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 1888</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>63</b>	IF UNDER 12 HRS. Days <b>63</b>	IF UNDER 1 HRS. Hours <b>63</b>	IF UNDER 1 MIN. Min. <b>63</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Minden, Louisiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Moreland Sandy Moreland--</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann --</b>		14. NAME OF HUSBAND OR WIFE <b>Unk.</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes #1 W.W.</b>		16. SOCIAL SECURITY NO. <b>448-12-4643</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Moreland Prentice Moreland 1906 Montgall</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>Myocardial infarction</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>445h</b>	
19. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>History from Veteran's Administration</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the cause or related to the disease or condition causing death. <b>Arteriosclerosis</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>History from Veteran's Administration</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <b>Thos. A. Jones</b>		23b. ADDRESS <b>1612 E 12th</b>		23c. DATE SIGNED <b>2/25/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/26/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>2-26-52</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Holman &amp; Sons, 18th &amp; Benton</b>			
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Bruce L. Washburn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

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.

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri ss.  
County of Jackson

State File No. 5164  
Local Registrar's No. 913

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14<sup>th</sup> day of March, 1952, before me appears.....

Prentice Moreland, who, upon..... oath, states that the original record of <sup>birth</sup> death  
for Luther Moreland, died February 25<sup>th</sup>, 1952, in the State of  
Missouri, and which was filed at Kansas City, Mo. on 2-26, 1952, should be corrected as follows:

Item No. 3 should read Luther Moreland  
Instead of Luther Moreland  
Item No. 13A should read Sandy Moreland  
Instead of Sandy Moreland  
Item No. 17 should read Prentice Moreland  
Instead of Prentice Moreland

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 Prentice Moreland BROTHER  
Relationship.

1906 Montgall, K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 14<sup>th</sup> day of March, 1952

My Commission expires 10/6/52  
Russie Jordan Notary Public.

