

FILED DEC 3 1954 STANDARD CERTIFICATE OF DEATH

37516

State File No.

5234

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 township) Kansas City c. LENGTH OF STAY (In this place) 26 yrs
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2
e. STREET ADDRESS (If rural, give location) 17 1615 Campbell Avenue 3279

3. NAME OF DECEASED a. (First) Ernest b. (Middle) B. c. (Last) Mosley 4. DATE OF DEATH (Month) (Day) (Year) 11 10 1954

5. SEX male 6. COLOR OR RACE negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 25, 1882 9. AGE (In years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Harrow + Sante RR. 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Aberdeen Miss. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Wm Mosley 13b. MOTHER'S MAIDEN NAME Sarah Mosley 14. NAME OF HUSBAND OR WIFE Minnie Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 486-03-4111 17. INFORMANT'S SIGNATURE OR NAME Minnie Mosley ADDRESS 1615 Campbell

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and malnutrition secondary to wound dehiscence secondary to infection and hypothermia secondary to subtotal gastrotomy. INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
151X

19a. DATE OF OPERATION 9-27-54 19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach 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) _____ 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 9-26-54, 1954, to 11-10-54, 1954, that I last saw the deceased alive on 11-10-54, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Name or title) _____ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 11-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/13/1954 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-12-54 REGISTRAR'S SIGNATURE neva minshell 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. H.B. Moore ADDRESS 1820 E. 14th St.

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
C. Kenneth Reynolds

Licensed Embalmer No. *H. H. 10*

P. O. Address *.....*

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.