N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37649

File No. 4515

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. 307 North Drury Ave. St. Ward)

2. FULL NAME Stanley A. Mossman

(a) Residence, No. 307 North Drury Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Jennie K. Mossman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1888

7. AGE: YEARS 43 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publishing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME O.L. Mossman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Alice Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mrs. Jennie K. Mossman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Nov. 12 1931

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel, 104 W. 42nd St.

20. FILED 11/10 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to Nov 10, 1931

I last saw him alive on Sept 19, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
following an accident in which he was squeezed between the front end of a truck and iron fence over 2000	
Other contributory causes of importance: During world war and was never free right since hemorrhages from bladder every	

Name of operation Date of

What test confirmed diagnosis? Cystoscope Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

During world war.

Manner of injury Struck down

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Love, M. D.

(Address) 330 Lee Bldg.

243.

Dr. J. F. Cave
1003 [illegible]
until 3 P.M.