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

35589
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1110
(c) City St. Joseph, 1 (d) Street No. 2614 Monteray St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 64 yrs. 4 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Moseman,
(a) Residence, No. 2614 Monteray St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Edward Moseman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9, 1875
7. AGE: Years 64 — Months 4 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: John Heckenliable, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bern, Germany,

MOTHER
15. MAIDEN NAME: Sophie Reckinger,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

17. INFORMANT: Edward Moseman
(ADDRESS) 2614 Monteray Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Oct. 30th, 19 39

19. FUNERAL DIRECTOR (NAME) Morton-Bartolett Funeral Home
(ADDRESS) 319 So. 10th. Str.

20. FILED 10/30/39, 19 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to October 27, 1939, I last saw h. alive on October 27, 1939. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast Grade 3 & 4	?
	June 1939
	Chronic
50	
Other contributory causes of importance: Carcinomatosis	April 1939

Name of operation Ablation of right breast Date of 4-25-39
What test confirmed diagnosis? Microscope 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X16605

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 Oct. 22, 19

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.