

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4649

JAN 19 1939

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. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 541 1/2 Walnut ²
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Unknown (Specify whether years, months or days)

8. (a) PRINT FULL NAME Fred I Mosteller 234

8. (b) If veteran, name war Unknown **8. (c) Social Security** No. none

4. Sex M **5. Color or race** W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lelah **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Oct 22 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Terra Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter-Contractor

11. Industry or business _____

MOTHER FATHER { **12. Name** Wm Mosteller

{ **13. Birthplace** _____ Indiana
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Emma Clark

{ **15. Birthplace** unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred I. Mosteller

(b) Address 1845 E Franklin Rd. Wichita

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** 12/7/39
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director A. Sebetta

(b) Address 901 E 5th st.

19. (a) Dec. 7, 1939 (Date received local registrar) **(b) M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 541 1/2 Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year _____ hour _____ minute 39 M.

21. I hereby certify that I attended the deceased from 8:00 A. _____, 19____; that he was alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema +
congestion

Due to chronic myocardial infarction
old coronary occlusion
other conditions selection
(include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~, or homicide (specify) _____

Date of occurrence _____

(c) Where did injury occur? _____
(City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) **(e) Means of injury** _____

23. Signature Peter J. Huber (M. D. or other)

Address H. C. ... **Date signed** _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Roy E Snow

Licensed Embalmer No. *2568*

P. O. Address *901 E 5*

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, above space should be left blank.