

WRITE PLAINLY—USE ONWARDING BLACK INK—MAKE 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.

FILED APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
710 Virginia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years years, months or days)

3. (a) PRINT FULL NAME Lee - Moss 207

(b) If veteran, name war 710

3. (c) Social Security No. no

4. Sex male

5. Color or race colored

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

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 5 11 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation janitor

11. Industry or business _____

MOTHER FATHER

12. Name Thenderson Moss

13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ray

15. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Irena Thompson

(b) Address 2445 Flora Ave

17. (a) Burial (b) Date thereof 3-19-40
(Burial, cremation, or removal) (Date) (Year)

(c) Place: burial or cremation Blue Ridge town

18. (a) Signature of funeral director M. B. Murrell

(b) Address 1820 E-18th Street

19. (a) 3-18-40 (b) M. M. Craze
(Date received local registrar) (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. 710 Virginia Ave
(rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 7th
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Pulmonary Edema
Due to Acute Rt. Ventricular Failure
Due to Multiple Myxomas of Lung
Other conditions (include pregnancy within 3 months of death) _____

Duration

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence _____

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

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

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

23. Signature Murrell (M. D. or other) _____
Address _____ Date signed _____

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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 _____

AB Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 East 18th

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 9774
Registrar's No. 1212-

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lee Moss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr _____ min

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3/18/40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

20. DATE OF DEATH: Month Mar. day 7 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute pulm - edema
acute rh. ventricular failure
Due to Multiple Myeloma
of long standing
Other conditions _____ (include pregnancy within 3 months of death)
Major findings: 34
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (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 Russell Whers (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTAL

