

No. 2
-10-39-
7-39-
X21492

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 Jackson
 (a) County
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
846 No. Kansas 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 7 months
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME James B. Moon 507
 3. (b) If veteran, name war no.
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Moon
 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 7 1865
 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 1
 If less than one day hr. min.

9. Birthplace North Carolina 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

12. Name Lawrence Moon 9

13. Birthplace No Record 9
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Cox

15. Birthplace No Record
 (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Moon

(b) Address 846 N Kansas

17. (a) Removal (b) Date thereof Apr. 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garfield, Arkansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn
April 9, 1940

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ark. (b) County _____
 (c) City or town Eureka Spgs. Ark.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8-1940
 year 7 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from March 25
 _____, 1940 to April 8, 1940

that I last saw him alive on April 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation and pulmonary congestion Duration _____

Due to Branchial Pneumonia 15 days

Due to ASB

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 3

23. Signature Earl N. Young (M. D. or other) LO
 Address 100 1/2 S. Baker Date signed 4-9-40

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

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 Amiel C. Browning

Licensed Embalmer No. 2724

P. O. Address H. P. mo

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.