

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 1940 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. 27713
Registrar's No. 3347

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1852 Benton Blvd 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 Yrs. Earl L. MOSS 0 5
years, months or days

3. (a) PRINT FULL NAME EARL L. MOSS 200
3. (b) If veteran, name war No
3. (c) Social Security No. 702-07-5802

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elaine Moss 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased aug 23 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 29 hr. min.

9. Birthplace mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad yard worker

11. Industry or business Railroad. Train

MOTHER FATHER
12. Name David Moss
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
14. Maiden name Maddy Tadd
15. Birthplace mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elaine Moss
(b) Address 1852 Benton

17. (a) Burial (b) Date thereof aug 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerham, mo

18. (a) Signature of funeral director F. L. Walter
(b) Address 3030 Harrison 301

19. (a) Aug. 25, 1940 (b) M. M. Crover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1852 Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day 8-27-40
year _____ hour _____ minute _____ M.

21. I hereby certify that Deputy Coroner deceased from 6:15 P.
that the death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Hypertrophy of the heart
Narrowing of coronary artery
Septicemic arthritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: 34

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

23. Signature Walter H. Walker (M. D. or other) _____
Address K.C. Mo. 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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address.....

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.