

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4298**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
General Hospital
(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)

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. 1536 Bennington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from
10-27-40 to 11-11-40, 19____;
that I last saw him alive on 11-11-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
PROSTATIC OBSTRUCTION--HYPERTROPHY

Duration

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____
None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Dr. M. R. Johnson M.D.
Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME Benjamin Franklin Moffatt

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

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

6. (b) Name of husband or wife Margaret Ada Moffatt 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 22 hr. _____ min.

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

10. Usual occupation Railroad Conductor

11. Industry or business _____

12. Name Benjamin Franklin Moffatt

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

14. Maiden name Mary Jane Lowe

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

16. (a) Informant F. Wayne Moffatt

(b) Address Pittsburg Kans.

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

(c) Place: burial or cremation Pittsburg Kansas

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

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 11-11-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

DEC 11 1940

MOTHER FATHER

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 *Demil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *K. C. 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, fact should be so stated above.