

399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37801**

Registrar's No. **4399**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Jackson**

(a) County \_\_\_\_\_

(b) City or town **Kansas City**

(c) Name of hospital or institution: **505 East 54th Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **38 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bertrand F. Moon**

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 **Ethel B. Moon**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **January 26, 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>9</b>	<b>20</b>	hr. min.

9. Birthplace **Paw Paw, Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tailor**

11. Industry or business \_\_\_\_\_

12. Name **Horace Moon**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel B. Moon**

(b) Address **505 E. 54th**

17. (a) **Removal** (b) Date thereof **11-18-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paw Paw, Michigan**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **11-18-40** (b) **M. M. Brown**  
(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. **505 East 54th Street**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**  
year **1940** hour **2** minute **19** M.

I hereby certify that I attended the deceased from **Jan 17**  
**1938**, to **Nov 17**, 19**40**;  
that I last saw him alive on **Nov 16**, 19**40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerosis**  
**Myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
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 **Freeman Mortuary** (M. D. or other) **M.D.**  
Address **314 West 4th** Date signed **11-18-40**

814  
H. H. H. H. H.  
C. C. C. C. C.

**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 Clarence H. Ellis

Licensed Embalmer No. 3473

P. O. Address 96 EMO

**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.**