

0. 2
13-40
7-39
X23159

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 days**
(Specify whether years, months or days) **27 days** **3**

3. (a) PRINT FULL NAME **Pernesia L. Moad**
3. (b) If veteran, name war **L**
3. (c) Social Security No. **L**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Geo. Moad** 6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **not known** **July 12, 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **8** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **?**

12. Name **Anderson Elliott**

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

14. Maiden name **Emeline Youngblood**

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

16. (a) Informant **Mrs. Sus Balkin**
(b) Address **2216 Hardesty K.C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-20-40**
(Month) (Day) (Year)
(c) Place **Burial to Kansas City, Mo.**

18. (a) Signature of funeral director **Wm. C. Foster**
(b) Address **918 Brooklyn K.C. Mo.**

19. (a) **11-20-40** (Date received local registrar) (b) **H. J. Nestlebusch** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Jacks City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2216 Hardesty St # 2**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20** year **1940** hour **6** **20** PM minute M.

21. I hereby certify that I attended the deceased from **October 29** 1940 to **Nov. 20** 1940 that I last saw her alive on **Nov. 20** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Bacterial Pneumonia** Duration **8 days**

Due to **Myocarditis Chronica** **22 days**

Due to **Arteriosclerosis** **22 days**

Other conditions (Include pregnancy within 3 months of death) **ASC**

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? **85**

While at work? (Specify type of place) (e) Means of injury
23. Signature **Herbert C. Sime** (M. D. or other) **Dr.**
Address **State Bldg H. 2** Date signed **11-20-40**

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

DEC 10 1940

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 *Daniel 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.