No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17212

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1874

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4143 Campbell Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 4143 Campbell Street (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------

3. (a) PRINT FULL NAME Mr. Earl Estill Moffett

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 Mrs. Fannie B. Moffett

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December (Month) 23 (Day) 1877 (Year)

8. AGE: Years 63 Months 4 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Realtor

11. Industry or business Moffett Realty Co.-1005 Grand

FATHER
12. Name Hamilton W. Moffett
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Asenath Dillon
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Hamilton Webster Moffett

(b) Address 4143 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 12 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1941 hour 6 minute 18 A.M.

21. I hereby certify that I attended the deceased from August 4 1940 to May 10 1941; that I last saw him alive on May 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Common bile duct

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Cachexia - Biliary Cirrhosis

Major findings:
Of operations

Of autopsy Yes

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Mervin J. Rumold (M. D. or other)

Address Plaza Med Bldg Date signed May 10, 41

(Licensed Embalmer's Statement on Reverse Side)

226 Plaza Medical Bldg
315 Alameda Road
1:30 - 5:30

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.