

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

2  
-41  
-39  
K26390

FILED NOV 13 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 921 Woodland

(d) Length of stay: In hospital or institution over 60 years

In this community over 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 921 Woodland

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas A. Moorehead

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept. 29, 1872

8. AGE: Years 69 Months 27 Days 27

If less than one day hr. min.

9. Birthplace Kansas

10. Usual occupation Real Estate Broker

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown

14. Maiden name Jennie B.

15. Birthplace Unknown

16. (a) Informant Emma Shannon

(b) Address 921 Woodland

17. (a) burial (b) Date thereof 10/31/41

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkind Bros.

(b) Address 1729 Lydia

19. (a) 10/31/41 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26

year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug. 24

1941 to Aug. 25 1941

that I last saw him alive on Aug. 24 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease (Pseudo-Sarcoma)

Due to Progressive Aneurysm

Due to 44 B

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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 J. E. Dillie M.D. (M. D. or other)

Address 11605 E - 18th St. Date signed

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**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..... *D. J. Manlove*.....

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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

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