

FILED NOV 24 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4541

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:
5878 - Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
In this community 25 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5878 - Grand Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Louise Arma Moses

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

4. Sex F 5. Color or race White 5. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Moses 6. (c) Age of husband or wife if alive 7-1861 years

7. Birth date of deceased: May 7-1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Fredrick Stack
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Mynsd
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R.H. Owens
(b) Address 5878 - Grand

17. (a) Removal (b) Date thereof 12/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Great Bend Kan

18. (a) Signature of funeral director Bergman Funeral Home
(b) Address 4306 Mitchell

19. (a) Dec 8, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1st 1941, to Dec 6 1941
that I last saw her alive on Dec 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
coronary sclerosis
Due to Senility
Due to 9210

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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?

23. Signature J. H. Owens (M. D. or other) 0
Address 1034 Rialto Bldg Date signed 12/8/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Henry Bergman*

Licensed Embalmer No. *2041*

P. O. Address *Kan City, 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.