

FILED OCT 5 1942
 1749

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3527

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:
4408 Summitt
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **47 years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Harry R. Mooers**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-01-4617**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Vesta Mooers** 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **January 18 1884**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 **8** **26** hr. min.

9. Birthplace **Huron S. Dakota**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Scarritt Building**

MOTHER FATHER { 12. Name **Walter Mooers**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Alice Dean**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vesta Mooers**
 (b) Address **4408 Summitt**

17. (a) **Burial** (b) Date thereof **9-26-1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

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

(b) Address **Kansas City, Mo.**

19. (a) **9/25/42** **Dr. M. Crowe**
 (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. **4408 Summitt**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **No**
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **24**
 year **1942** hour **1:05** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan**, 19**42**, to **Present**, 19**42**;
 that I last saw him alive on **Sept 23**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute leukemia** **9 mo.**

Due to **3** **12 B'**

Due to **?**

Other conditions **The pleuritis & adhesions**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy **Enlarged spleen - hyperplastic bone marrow**

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 **Barrie Wilson** (M. D. or other) **D.M.D.**

Address **1025 Walnut Bg. K.C. Mo.** Date signed **Sept 24/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Sat 2
11-4-75
Walter B. B. B.
M. B. B.
B. B. B.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.