

FILED
JAN 30 1943

Registration District No. **149**

Primary Registration District No. **1002**

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:
234 West 62nd Terrace, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **45 years,** (Specify whether
years, months or days)

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. **234 West 62nd Terrace**
(If rural, give location) **no.**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **x**

3. (a) PRINT FULL NAME **Miss Elizabeth Moss**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **February 10 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 12 hr. min.

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

10. Usual occupation **Teacher,**

11. Industry or business **x**

12. Name **William C. Moss,** (City, town, or county) (State or foreign country)

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

14. Maiden name **Alice Washburn,** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Wilbur R. Lemley,**

(b) Address **234 W. 62nd Terrace, K. C., Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **1-23, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Ottumwa, Iowa.**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-23-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22nd**
year **1943** hour **12:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 1 1943**
Jan 22 1943
that I last saw her alive on **Jan 1 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **carcinomatous metastases**

Due to **original site breast**

Due to **50**

Other conditions (Includes pregnancy within 3 months of death)

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 **Debra Williams** (M. D. or other) **0**
Address **506 Prof Bldg** Date signed **1/22/43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

r. Lon Williams,

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address J. 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.