

FILED MAY 6 1943  
Registration District No. 149

Primary Registration District No. 1002

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

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:  
5212 Belleview  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
(Specify whether years, months or days)

In this community 37 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. 5212 Belleview  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes of No)

If yes, name country X

3. (a) PRINT FULL NAME Frank J. Moss

3. (b) If veteran, name war no.

3. (c) Social Security No. 492-14-1099

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace F. Moss

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 20 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>2</u>	.....hr. ....min.

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

10. Usual occupation President

11. Industry or business American Sash & Door Co.

MOTHER FATHER

12. Name Thomas Moss

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

14. Maiden name Fannie Bonnell

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

16. (a) Informant Mrs. Grace F. Moss

(b) Address 5212 Belleview, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph mo.

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

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

19. (a) 4-23-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd  
year 1943 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from March 14 1943 to April 22 1943;  
that I last saw him alive on April 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Laceration of right parietal cerebral artery and left temporal arteriosclerosis

Due to Cerebral Laceration of right parietal cerebral artery and left temporal arteriosclerosis

Due to Cerebral Laceration of right parietal cerebral artery and left temporal arteriosclerosis

Duration 6 Days

Other conditions (Include pregnancy within 3 months of death) 821

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Lindsay & Paul (M. D. or other) \_\_\_\_\_  
Address 167 Professorate Bldg Date signed 4/23

Dr. Lindsey Milne

*11-1-30*

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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..... *E. M. Plank* .....

Licensed Embalmer No. *1848* .....

P. O. Address. *7c. 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.**