. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17069

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2291

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: 2700 Tracy, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 30 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
(c) City or town Kansas City, 48
(If outside city or town limits, write "RURAL")
(d) Street No. 32 West 57th Terrace, 3
(If rural, give location) 8
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Luies Henrietta Mosher

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 Married
6. (b) Name of husband or wife Dr. Don F. Mosher
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 7 (Day) 1882 (Year)

8. AGE: Years 60 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name U - Henschke
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dr. Don F. Mosher,
(b) Address 32 West 57th Ter., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-18-43 (Date received local registrar) (b) M. M. Grover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1943 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from April 17, 1936, to May 15, 1943 that I last saw her alive on May 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hypostatic Pneumonia	3 weeks
Due to Cerebral Thrombosis	2½ mo
Due to Chronic Hypertension	7 years
Other conditions (Include pregnancy within 3 months of death) 83B	

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

23. Signature Wilbur A Baker (M. D. or other)
Address 1030 Argyle Bldg. Date signed 5/17/43 K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Baker

ang file.

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. 1 4 15

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.