

S. No. 2
M-2-43
6-17-39
X35697

57417
4910

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943
749

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. _____ 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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-5-43-11-11-43
(Specify whether
In this community 37 yr.
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. 1317 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BESSIE MORAN
3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-6553

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 11
year 1943 hour 8:20 minute P. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Ed Moran
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Mar. 2 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 5, 1943 to November 11, 1943
that I last saw her alive on November 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____
Due to _____
Due to _____

8. AGE: Years 55 Months 8 Days 9
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name David Vann
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 11-20-43 (b) N. C. Brown
(Date received local registrar) (Registrar's Signature)

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 [Signature] (M. D. or other)
Address Gen. Hosp #2-600 E 12 Date signed 11-12-43

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

361

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.....

A. J. Moore

Licensed Embalmer No.....

948

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.