

FILED DEC 22, 1943
1943

Registration District No. 199 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:
Menorah Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 38 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. 1408 Park
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Moseley

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 Walter F. Moseley 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 17th 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 16 If less than one day hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name William Lapish

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Walter F. Moseley
(b) Address 1408 Park

17. (a) Burial (b) Date thereof Dec. 6th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 12-6-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 30th 1943 to Dec 3rd 1943
that I last saw her alive on Dec 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 3 days
Generalized Peritonitis
Due to Perforated, Ruptured Appendix
Due to 12:11

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

Major findings: Phlegmonous Peritonitis Ruptured Appendix
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) Means of injury _____

23. Signature Dr. Joseph Peterson M.D. or other M.D.
Address 1214 Reibelts Bldg Date signed 12-5-43

4730 0423 Riley Avenue of the Parkside Hotel
4730 FULL GROWN
Call this No.

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.