

FILED JAN 15 1945  
Registration District No. **176**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Indp. Sanitarium**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **23 Days** in hospital or institution. (Specify whether)

In this community **39 Years** years, months or days.

3. (a) PRINT FULL NAME **George Horace Moffett**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Male**

5. Color or race **Caucasian**

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

6. (b) Name of husband or wife **Lucy Randolph Moffett**

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

7. Birth date of deceased **June 20 1878**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>65</b>	<b>5</b>	<b>14</b>	hr. _____ min.

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

10. Usual occupation **mgr. at sugar creek**

11. Industry or business **Refinery**

12. Name **Geo. Henry Moffett**

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

14. Maiden name **Lilla Moore**

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

16. (a) Informant **Mrs. Lucy R. Moffett**

(b) Address **#2 Hawthorn Pl, Indp, Mo**

17. (a) (Burial, cremation, or removal)

(b) Date thereof **12/16/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Int. Washington Dist**

18. (a) Signature of funeral director **Stuart W. Clure**

(b) Address **Kansas City, Mo.**

19. (a) **12-15-1943** (Date received local registrar)

(b) **J. Russell P. Ross** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **#2 Hawthorn Pl.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **14<sup>th</sup>**  
year **1943** hour **3** minute **12 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 3, 1942**  
**19** to **December 14, 1943**  
that I last saw him alive on **December 13, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Uremia</b>	<b>Comp</b>
Due to <b>Renal arteriosclerosis</b>	<b>Year</b>
Due to <b>Essential Hypertension</b>	<b>Year</b>
Other conditions <b>Coronary Sclerosis</b> (Include pregnancy within 3 months of death)	<b>Year</b>
Major findings: Of operations	PHYSICIAN  Underline the cause to which death should be charged statistically.
Of autopsy	
<b>13/10</b>	

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)

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 **Shed Drake** (M. D. or other)

Address **Independence Mo** Date signed **12/15/43**

JAN 18 1944

1314 05 Van Horn  
OE. 3727

ORDER 1st Natl Bank Bldg  
2 P.M.  
Indpa L'CO.

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 John L. Dunley  
Licensed Embalmer No. 4050  
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.