No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1624

Registrar's No. 290

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: Children's Mercy Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-9-44 to 1-18-44 (Specify whether years, months or days) In this community 9 Days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Benton

(c) City or town Warsaw RR#1
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Harper Moxley, Jr.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 25 (Day) 1935 (Year)

8. AGE: Years 8 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Sedalia, Missouri (City, town, or county) O (State or foreign country)

10. Usual occupation Infant.

11. Industry or business

FATHER
12. Name James Harper Moxley
13. Birthplace Warsaw (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rachel Etta Swearingin
15. Birthplace Lincoln (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mercy Hosp. Records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw, Mo.

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Mo.

19. (a) 1-20-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 18 year 1944 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 9, 1944, to January 18, 1944, that I last saw him alive on January 18, 1944, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Tuberculosis Meningitis | |
| Due to | |
| Due to 14 | |
| 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.

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 H. M. Hickey (M. D. or other)

Address 1624 Prof. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

## 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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**