

FILED AUG 14 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3184

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 WKS.  
(Specify whether  
In this community 26 YRS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3420 OLIVE STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME CORAMAEE MORELAND

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ROBERT L. MORELAND 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 24 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Plattsburg Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired AT HOME

11. Industry or business Housewife

MOTHER FATHER { 12. Name M.W. DORSEY  
13. Birthplace Plattsburg Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISA FUNKHOUSER  
15. Birthplace Plattsburg Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.V. Brimble Bradford  
(b) Address 3420 Olive

17. (a) Burial (b) Date thereof Aug 4 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Plattsburg Mo

18. (a) Signature of funeral director D. H. Newcomer, Inc.  
(b) Address 1401 BRUSH CREEK BLDG.  
19. (a) 8-3-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1<sup>st</sup>  
year 1944 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 27, 1944, to Aug. 1, 1944  
that I last saw her alive on Aug. 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 12 yrs.

Due to Multiple abdominal metastases

Other conditions 48 hr ✓  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations \_\_\_\_\_  
Of autopsy Carcinoma of uterus and abdominal metastases

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
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)  
(b) Means of injury 0  
23. Signature Frank R. Keachaw (M. D. or other) ME  
Address 1630 Professional Bldg Date signed 8-2-44

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

1630 - Professional Body  
2-4

**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. C. Newcomer Jr*  
Licensed Embalmer No. 4043  
P. O. Address *A. C. No.*

**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.**