

FILED NOV 20 1944  
749

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

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: 4327 Bellefontaine /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 (Specify whether)  
In this community 35  
years, months or days

3. (a) PRINT FULL NAME Thomas M. MORAN

8. (b) If veteran, name war NONE

3. (c) Social Security No. 712-03-1929

0 Male 6. Color or race White 6. (a) Single, widowed, married, divorced Widower

4. Sex Male

6. (b) Name of husband or wife Emma Moran 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 3rd, 1886  
(Month) (Day) (Year)

8. AGE: 58 Years 57 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Malta Bend, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician & Baggage Man

11. Industry or business Union Pacific Railroad

MOTHER FATHER { 12. Name Edward Moran

18. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Ann Mithan

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Carpenter

(b) Address 4327 Bellefontaine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 11-6-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Jackson

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Bellefontaine  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 4<sup>th</sup>, year 1944 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from 1937 to date, 1944, that I last saw him alive on Nov. 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to \_\_\_\_\_

Due to gla

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 gla

23. Signature J. M. Frankenburg (M. D. or other)

Address 926 Grand Avenue Date signed 10-4-44

Duration

PHYSICIAN

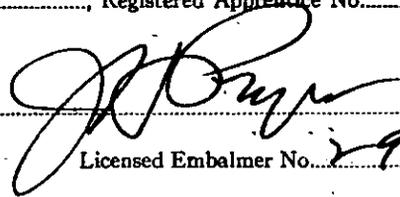
Underline the cause to which death should be charged statistically.

**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.....



Licensed Embalmer No. 2999

P. O. Address KC

**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, above space should be left blank.**