

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 30 Years

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. 718 Prospect
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bertha Mosely
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 2
 year 1946 hour 4 minute 20 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Roy Mosley
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased April 19th, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 29, 1945 to Jan 2, 1946
 that I last saw her alive on Jan 2, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death Bronchopneumonia
 Due to _____
 Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)

9. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Otto Jonscher

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

14. Maiden name Salley E. Klopfer

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

16. (a) Informant Roy Mosley

(b) Address 1718 Prospect Ave.

17. (a) Burial (b) Date thereof 1/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Earp Funeral Home
 (b) Address 4139 East 15th, St.

19. (a) 1-3-46 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 107
 Of operations _____
 Of autopsy None

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?

23. Signature Clark W. Seaborn
(Specify type of place) (e) Means of injury
 Address Med. Dir. Gen'l Hosp. Date signed 1-3-46

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

1157

W. H. H. H.

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 B. [Signature]*
Licensed Embalmer No. *2556*
P. O. Address..... *186 [Signature]*

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.