

S. No. 2
M-543
7. 5-17-39
I X38671

FILED JAN 31 1946
Registration District No. 7

Primary Registration District No. 1002

State File No. _____
Registrar's No. 184

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 6 days
(Specify whether years, months or days) 6 Months

3. (a) PRINT FULL NAME Dewey Ray Moss
3. (b) If veteran, name war No
3. (c) Social Security No. 500-22-231

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Moss
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased March 24, 1896 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 9 18 hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Worker

11. Industry or business _____

12. Name William C Ross

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

14. Maiden name Minnie Young

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

16. (a) Informant Mrs H B Scott

(b) Address Sapulpa - Okla

17. (a) Removal (b) Date thereof Jan 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director Mark E. Cobin

(b) Address 20 W Linwood

19. (a) 1-12-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1334 Central
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 6, 19 46 to Jan. 12, 19 46
that I last saw him alive on Jan. 12, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease (abnormal aortic valve) with terminal aortic valvular and right auricular endocarditis and rupture of right posterior aortic cusp.
Due to: _____
Due to: _____
Other conditions Infarction of spleen and kidney, left
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy See above

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? _____

23. Signature Clark W. Seelaff
While at work? _____ (Specify type of place) (a) Means of injury _____
Address Med. Dir. Gen'l Hosp. Date signed 1-12-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1159

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 Charles M Quirk

Licensed Embalmer No. 3774

P. O. Address. K C 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.