

Registration District No. 149 Primary Registration District No. 1002

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

8501

**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: 3315 Harrison  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. (Specify whether years, months or days) 25 years

**3. (a) PRINT FULL NAME** Lafayette W. Mosson  
 3. (b) If veteran, name war no. 3. (c) Social Security No. 487-05-2262

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Lulu S. Mosson 6. (c) Age of husband or wife if alive unknown, years  
 7. Birth date of deceased June 15 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 3 hr. min.

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

10. Usual occupation Traveling Shoe Salesman

11. Industry or business X

12. Name Maurice Mosson

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

14. Maiden name Mollie Pointer Kirby

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

16. (a) Informant Mrs. Lulu S. Mosson,

(b) Address 3315 Harrison, Kansas City, Mo.

17. (a) burial (b) Date thereof 3-20-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-19-46 (b) Seraldina Holmes  
 (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. 3315 Harrison (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18  
 year 1946 hour 12:30 A minute A. M.

21. I hereby certify that I attended the deceased from February 23 1946 to March 18 1946  
 that I last saw him alive on March 15 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Artery Thrombosis  
 Due to Arteriosclerosis heart disease

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 930

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy As above

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? \_\_\_\_\_

White at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 5  
 23. Signature [Signature] (M. D. or other)  
 Address 109 Prof. Bldg. K.C. Mo. Date signed 3/18/46

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

*Croft, J. H. H.*  
*V. P. M.*

Dr. C. G. Leitch

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**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 *J. Alan Sheppard*  
Licensed Embalmer No. *4179*  
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.**