DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 79

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40759

Primary Registration District No. 1002

Registrar's No. 5306

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: 2619 Prospect ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 2619 Prospect 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IRA W. MOSLEY

3. (b) If veteran, name war no

3. (c) Social Security No. 430-28-6105

4. Sex MALE 2

5. Color or race Col

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARCIA L Mosley

(c) Age of husband or wife if alive 37 years

7. Birth date of deceased Dec (Month) 3 (Day) 1900 (Year)

8. AGE: Years 46 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Pulman Porter

11. Industry or business

FATHER
12. Name William Mosley
13. Birthplace Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marcia Mosley

(b) Address 2619 Prospect

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock ark

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E 18 st

19. (a) 12-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1946 hour 420 P.M. minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure

Due to Hypertensive Heart Disease

Due to Acute Indigestion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy No Permit

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury Deputy Coroner

23. Signature [illegible] (M. D. or other)

Address 2634 Brooklyn Date signed 12-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. B. Moore

Licensed Embalmer No. 2440

P. O. Address 820 E 18th

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.