DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1802

State File No. 40760

Registrar's No. 5148

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/2 hr. (Specify whether years, months or days)

In this community 22 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") 3

(d) Street No. 2904 Wayne (If rural, give location) 8 0

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

If yes, name country

3. (a) PRINT FULL NAME: Joseph Moss

3. (b) If veteran, name war: no

3. (c) Social Security No. 703-03-9011

4. Sex: Male 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: ~~Lydia~~ Lydia Moss

(c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Aug (Month) 15 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation: R.E. Germinal

11. Industry or business

12. Name: Francis M. Moss

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

14. Maiden name: Sarah J. Partin

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

16. (a) Informant: Mrs. Lydia Moss

(b) Address: 2904 Wayne

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: Durk & Robin

(b) Address: K.C. Mo

19. (a) 12-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER-FATHER 12-12-94

Cause of death 1 hour

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1946 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-5-46, 19__ to 12-5-46, 19__; that I last saw him alive on 12-5-46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACUTE MYOCARDIAL INFARCTION	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy: See above	

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 0

23. Signature: Wm W Hart (M.D. or other) MD

Address: Med Dir. K.C. Gen. Hosp. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Maude Adair

Licensed Embalmer No. 4016

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo. } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5148

On this 19th day of December, 1946, before me appears Lydia Catherine Moss, who, upon her oath, states that the original record of ~~birth~~ death for Joseph Moss died ~~born~~ Dec. 5, 1946, in the State of Missouri, and which was filed at K. C., Mo. on 12-7, 1946, should be corrected as follows:

Item No. 6 b should read Lydia Catherine Moss

Instead of

Item No. 16 a should read Mrs. Catherine Moss

Instead of Moss

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Catherine Moss. (wife)
Relationship.

2904 Wayne.
Present Address.

Subscribed and sworn to before me this 19th day of December, 1946.

My Commission expires Oct 20-1947

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

35

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40760