

FILED FEB 5 1947

Registration District No. 279

Primary Registration District No. 1002

Registrar's No. _____

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:
1309 West 21st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 66 Years
years, months or days)

3. (a) PRINT FULL NAME JOSEPH F MOSBAUER

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elenora
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 17 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 2 _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business City

12. Name George Mosbauer

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

14. Maiden name Mary Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Elenora Mosbauer

(b) Address 1309 W. 21st.

17. (a) Burial (b) Date thereof Jan 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director W. R. Cabell

(b) Address 20 W. Linwood

19. (a) 1-20-47 (b) Thalchline Holm
(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. 1309 W. 21 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Jan
year 1947 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Aug 20 1946 to Jan 19 1947
that I last saw him alive on Jan 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 48 hrs
Due to Arterio sclerosis 4 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature Donald B. Hays (M. D. or other) M.D.
Address 201 1/2 W. 39th St. Date signed Jan 22, 47

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

MOTHER FATHER

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 J. Conway

Licensed Embalmer No..... 4424

P. O. Address.....

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.