S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38330
Registrar's No. 5123

FILED DEC 15 1947
Registration District No. 149
Primary Registration District No. 1002

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: Kansas City General Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month (Specify whether
In this community 3 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4220 Olive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Benjamin Moyer
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATTIE MOYER
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased OCT (Month) 31 (Day) 1867 (Year)

8. AGE: Years 80 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace UPPERBURN (City, town, or county) PENN (State or foreign country) 1
10. Usual occupation BLACKSMITH
11. Industry or business HORSESHOER
FATHER
12. Name JACOB M MOYER
13. Birthplace (City, town, or county) PENN (State or foreign country) 1
MOTHER
14. Maiden name MARRY GESSLER
15. Birthplace (City, town, or county) PENN (State or foreign country) 1
16. (a) Informant Mr. B F Moyer
(b) Address 4220 Olive KC Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN LAWN
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 12-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4
year 1947 hour 4 minute 35 P M.
21. I hereby certify that I attended the deceased from November 8, 1947, to December 4, 1947; that I last saw him alive on December 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure due to toxemia from pneumonia, lobar and arteriosclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) M.D.
Address Med. Dir. General Hospital #1 Date signed 12-4-47

Jefferson City Printing Co.

(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 John E. Makeing Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 4767

P. O. Address Kansas City

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.