

Registration District No. 1948/9

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days)

In this community 3 hours all of life

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. 1220 Euclid
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH EUGENE MOZEF

3. (b) If veteran, name war No

3. (c) Social Security No. none

20. DATE OF DEATH: Month 12 day 17 year 1947 hour 4 minute 30 P.M.

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

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February (Month) 18 (Day) 1943 (Year)

Immediate cause of death Shock

Due to Internal Hemorrhage

Due to Gun Shot Wound Face & Head

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 184

Of operations _____

Of autopsy No - Permit

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>9</u>	<u>30</u>	<u>9</u> hr. _____ min.

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

10. Usual occupation child

11. Industry or business _____

12. Name Bernie Brooks

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

14. Maiden name Rita Mozef

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

16. (a) Informant Jucinda Washington

(b) Address 1220 Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Asenbald cemetery

18. (a) Signature of funeral director Lamine & Meek

(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) 12-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - 123

(b) Date of occurrence 12-16-47

(c) Where did injury occur? K. C. Factory - Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? Home - 1220 - Euclid (Specify type of place)

While at work? no (e) Means of injury Gun Shot

23. Signature W. Williams (M. D. or other) MD.

Address 2636 - Brooklyn Date signed _____

WRITE PLAINLY—USING 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 Fannie T. Muck

Licensed Embalmer No. 3819

P. O. Address Kansas City 8, 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.