

FILED MAR 13 1948

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **847**

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:
Home 3824 Warwick Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **26 years**
(Specify whether 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")

(d) Street No. **3824 Warwick Blvd.** **8**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Miss Naomi J. Moddrell**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **494-30-6728**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23rd.** year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Apr. 6, 1946** to **Feb. 23, 1948**
that I last saw h. **alive** on **Feb. 13, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis** Duration _____

4. Sex **Female** / 5. Color or race **White**

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 **March 20 1896**
(Month) (Day) (Year)

Due to **Cancer of Breast**

Due to _____

Other conditions **50**
(Include pregnancy within 3 months of death)

8. AGE: Years **51** Months **11** Days **3**
If less than one day hr. _____ min. _____

Major findings: **Cancer of Breast**
Of operations **operation 9-29-41**
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Secretary**

11. Industry or business _____

12. Name **Jesse Moddrell**

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

14. Maiden name **Ora Moddrell**

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

16. (a) Informant **Mrs. Ora Moddrell**

(b) Address **3824 Warwick Blvd.**

17. (a) **Burial** (b) Date thereof **2/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green City, Mo.**

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 _____

23. Signature **R R Coffey** (M. D. or other) _____
Address **1103 Grand** Date signed **2-24-48**

18. (a) Signature of funeral director **Freeman Mortuary**
Kansas City, Mo.

(b) Address _____

19. (a) **2-24-48** (Date received local registrar)

(b) **R R Coffey** (Registrar's signature)

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

MOTHER FATHER

H. G. G. Coffey
1324 Prof. Bldg.
1-5-

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.