No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4991

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 600

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: 1138 Independence Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 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")
(d) Street No. 1138 Independence Ave. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sarah Mosby
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Mosby
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February 10, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	0	..... hr. ..... min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Dorothy Stevenson
(b) Address 1138 Independence
17. (a) Burial (b) Date thereof 2/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Gatkins Bros
(b) Address 1729 Lydia Ave.
19. (a) 2-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1948 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from June 1945 to Feb 10, 1948
that I last saw her alive on Feb 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 yrs
Due to Hypertension	3 yrs
Due to Artero Sclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

93 D

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 M B Casebolt MD (Mo. Officer)
Address 1000 Baltimore K C Mo 2/10/48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed D. Jerome Manlove

Licensed Embalmer No. 3294

P. O. Address 2503 Highland

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.